DOCUMENT RESUME

ED 191 242 EC 130 104

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TITLE	Career Ladders and a Training Model for the (Re)Training of Direct Service Workers in Community Based Programs for the Developmentally Disabled.
INSTITUTION	City Univ. of New York, N.Y. Graduate School and Univ. Center.
SPONS AGENCY	Office of Human Development (DHEW), Washington, D.C. Office of Developmental Disabilities.
REPORT NO	CASE-20-79
PUB DATE	79
GRANT	54-P-74398-01
NOTE	277p.
AVAILABLE FROM	New Careers Training Laboratory, Center for Advanced Study in Education, CUNY Graduate Center, 33 W. 42nd St., Room 1217, New York, NY 10036 ($6.00 postpaid)
EDRS PRICE	MF01 Plus Postage. PC Not Available from EDRS.
DESCRIPTORS	*Career Development; *Community Programs; Course Content; Deinstitutionalization (of Disabled); *Disabilities; Higher Education; Inservice Education; Models; Occupational Information; *Paraprofessional Personnel; Task Analysis; Training

ABSTRACT

The report addresses the need for retraining direct service personnel in community based programs as a result of deinstitutionalization. The state of the art regarding state practices in job descriptions and classifications for paraprofessionals indicated the existence of few systematic attempts to retrain current instituional staff. Few examples of cooperation between states, municipalities, and institutions of higher education (IHE) were found. The remainder of the document presents information on training models, career development models, and other cooperative actions between agencies, IHEs, unions, and professional organizations. Career development is examined in terms of using task analysis to design career programs, developing job descriptions, and designing career ladders. Sample job descriptions are given for such community based positions as group home managers, production supervisors, and teacher assistants. The focus of the final section is designing inservice and college level training to insure career mobility. A sample curriculum outline includes training information on five topic areas: legal and human rights, orientation to disabling conditions, paraprofessionals as members of service delivery teams, task analysis, and safety. Appended are descriptions of selected states' training models and program descriptions. (CL)

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CAREER LADDERS AND A TRAINING MODEL FOR THE (RE)TRAINING OF DIRECT SERVICE WORKERS IN COMMUNITY BASED PROGRAMS FOR THE DEVELOPMENTALLY DISABLED

New Careers Training Laboratory
Center for Advanced Study in Education
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Career Ladders and a Training Model for the
(Re)Training of Direct Service Workers in
Community Based Programs for the
Developmentally Disabled

Preface

This report was prepared by the New Careers Training Laboratory as part of the work supported by the Developmental Disabilities Office, DHEW (Grant number 54-P-71398-01).

The activities throughout the project and the preparation of the report were under the leadership of Anna Lou Pickett and were conducted by her along with Carole Schreier and Frances J. Dory.

The various sections in this report include career ladders, a training model for direct service workers serving in community based programs for the severely and profoundly handicapped, and a description of the tasks and methodologies used to design and develop them.

In addition, the appendix includes examples of training models and career development models designed by the state and local agencies for the developmentally disabled and institutions of higher education.

Alan Gartner
Principal Investigator

The material contained in this paper does not necessarily reflect the position or policy of the Department of Health, Education and Welfare and no official endorsement should be inferred.

CASE 1979
#20-79

Acknowledgements

We are particularly grateful for the support and assistance of Doris Haar, the project officer and the members of the Advisory Committee who, in addition to formal meetings of the group, shared their insights during individual meetings and site visits.

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Throughout the course of this grant, many people offered their assistance, time, and encouragement. Without their cooperation and assistance, the information and materials in this report would not have been available. In addition to the people mentioned below, we wish to thank the paraprofessionals and their supervisors in the several programs and sites we visited to conduct the Task Analysis portion of the activities.

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JUL 15 1980

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I. Introduction

In the past our society placed its greatest emphasis on institutional placement of the developmentally disabled. In the late 1960s, a change in attitudes and practices began to occur - brought about primarily by advocacy groups concerned with the rights and entitlements of the developmentally disabled. These attitudinal changes, building upon the civil rights movement of Blacks and other minorities, and then among women, led to and interacted with court orders and legislative actions which began the movement to insuring the rights of all disabled persons.

The passage of the "Developmental Disabilities Assistance and Bill of Rights Act" of 1975, "The Rehabilitation Act" of 1973 with Section 504, P.L. 94-142, "The Education for All Handicapped Children Act", legislative mandates passed by the various states, and ongoing court decisions have led to local and regional plans to establish community-based service delivery systems for the developmentally disabled.

While there are many critical issues that must be addressed for the various mandates to be implemented, this "project of national significance" funded by the Developmental Disabilities Office, DHEW,* has dealt with two basic inter-related issues. They are: 1) the development of a training model to upgrade the skills of current and new direct care workers to prepare them to work in community-based programs; and

*54-P-7139812-01 Development of a Career Ladder for the Training and Retraining of Direct Service Workers Who Work with Severely Developmentally Disabled Persons.

2) the development of a series of career ladders for paraprofessionals working in community-based service delivery systems for the developmentally disabled.

The word paraprofessional has come to mean many things to many people. Embraced by some, rejected by others, the word often involkes debate as to its usefulness in delineating certain staff positions. For purposes of this project, its definition applies to those persons involved in direct care services who have not received a baccalaureate degree and serve in a position for which a professional person has ultimate responsibility.

Institutions for the developmentally disabled have always employed aides and attendants. In the past, such personnel usually filled custodial roles. Although many of them had de facto responsibilities because of the unavailability of professional personnel, they were rarely trained to insure the delivery of quality services. In today's service delivery systems, however, these attitudes are changing. The paraprofessional is more and more an integral part of the service delivery system and is viewed as fulfilling important functions. And yet surveys, site visits, and meetings conducted as part of the activities of this grant, indicate that for the most part they are still rarely trained to meet the needs of new and changing responsibilities.

The deinstitutionalization* process has important implications for all staff roles and staffing patterns. Staff, including paraprofessionals, must be explicitly trained to move along the developmental ladder with the consumer so that skills can be taught, maintained and/or strengthened in the community environment.

In designing and developing training models to (re)train paraprofessionals to work in community-based programs and developing a system of career ladders that can be implemented by a variety of service delivery systems, it is necessary to be aware of problems that have both direct and indirect implications for such a project.

There are multiple services and programs that must be provided for the developmentally disabled if we are to assure their rights and to enable them to find a more normal way of life within the community.

Some of the services are:

- early intervention and diagnosis,
- education,
- parent training and education,
- day care,
- domiciliary and respite care,
- sheltered workshops and other vocational training programs,

* We will use interchangeably the terms deinstitutionalization and communitization.

- recreation programs,
- health care.

Paraprofessionals have been employed in all of the services listed above. Unfortunately, until recently, their roles, functions, and responsibilities largely have been seen as custodial, housekeeping, and clerical rather than as relating to the rights and needs of the clients or serving as a bridge between the consumers, the agencies that serve them, and the communities where they will live. And, as a consequence, as shown by a study conducted in Western Massachusetts, institutional direct care staff are typically underrated in their competency level and often stigmatized, unfairly and inaccurately, by the fact that they are institutional employees (Jones, 1979).

The attitudes that caused the maintenance of custodial care and custodians have also created problems in implementing a "deinstitutional" plan for workers, implementing viable career ladders once designed, and implementing (re)training to insure career mobility and continuity of employment.

The role of custodian with no hope for job or career advancement has limited the institution's ability to maintain a skilled cadre of paraprofessional workers and has led to a revolving door for those who are interested in upgrading their skills or finding more interesting, better paying jobs. Among those remaining as institutional workers, this has led to some who

cared little to provide training for residents in self-help skills to enable them to move from the institution to the community, and, in a few cases, to instances of patient abuse.

Labor unions resist deinstitutionalization because they fear their members will be dislocated or uprooted, perhaps fired because of inadequate planning, the tenuousness of funding for all human services, and inadequate personnel preparation for assuming new roles and responsibilities in new locales, settings and programs, as well as because of their concern for the effects of such inadequate planning upon patient care. Too often, residents and employees alike are moved from one place to another with little preparation or training for new roles.

Governmental agencies, private agencies, unions and professional organizations all agree with advocacy groups that there is a need for better services for the developmentally disabled; however, there is little agreement as how to bring it about. All too often the very agencies that have been established to protect the rights of the developmentally disabled find themselves embroiled in battles over "turf protection" and bureaucratic haggling over how to cut up the "pieces of the pie".

Finally, in addition to the problems outlined above, there are the questions related to making changes within governmental

delivery systems and structures long in place, the very real concerns about continuing fiscal crises, reorganizing the various civil service systems through broadbanding or some other system, and addressing the questions of portability of various benefits and skills from one system to another.

States and locales are approaching a critical point in the delivery of services to those who are developmentally disabled, most especially persons with profoundly and severely handicapping conditions. Systems to determine the personnel needed, how these personnel will be placed so as to maintain continuity of employment and benefits, and how the personnel will be (re)trained must be developed if community-based service delivery systems are to become a reality.

For more than a decade the New Careers Training Laboratory has been concerned with paraprofessional programs, not simply as an aspect of employment and training programs but as a key tool in the improvement of services to the disadvantaged. For whatever the number of factors which justify the use of paraprofessionals, it is the effectiveness of the services they deliver which provides the ultimate criterion for assessing the value of their contributions. Whether paraprofessionals are meant to offset shortages of personnel, increase cost efficiency, establish closer rapport with the consumer and community or to deliver the many new services and programs

needed by the developmentally disabled, the first goal must be to insure the highest degree of effectiveness in the services they provide.

In order to develop the training model, develop the career ladders and to gather data with regard to the questions and problems raised in this section, the New Careers Training Laboratory (NCTL) employed a multi-method approach.

The following course of action was undertaken:

(1) Conducted a series of task analyses of roles and responsibilities of paraprofessionals working in both institutional and community-based programs. The results were used to develop the training model and career ladders;

(2) Conducted a mail survey to institutions of higher education to determine what training models currently exist in two and four year IHEs for paraprofessionals;

(3) Conducted a mail survey of state developmental disabilities agencies to determine what training models exist to (re)train paraprofessionals to work in community-based settings; and

(4) met with representatives of unions, professional organizations, agency personnel

to discuss issues with regard to training and career mobility within service delivery systems.

Commitments have been made at federal, state, and local levels to improve the quality and variety of services available to meet the diverse needs of developmentally disabled persons. New and improved services must be provided, all within budgetry constraints. Expectations have been raised and yet all indications are that we are confronted with a promise-performance gap. The solution to this problem lies in part in the employment of competent cost effective personnel who have been trained to deliver relevant and necessary services.

II. The Current State of the Art

In order to accomplish the goals and objectives of this project, we have sought to determine what is happening throughout the country as to (re)training and career mobility.

Several activities were undertaken. They included a survey of states to determine the current trends and practices as to the development of career ladders, job descriptions, and job classification for paraprofessionals working in community-based programs, and to determine whether:

a. inservice training programs exist to help insure career advancement for paraprofessionals working with the developmentally disabled;
b. efforts are underway to retrain paraprofessionals working in institutions to prepare and enable them to move to community-based service delivery systems; and
c. efforts are underway to recognize the generic nature of job classifications for paraprofessionals working in the human service delivery system.

Also, a survey of community colleges and other institutions of higher education was conducted to determine:

a. what training models currently exist;
b. whether the models were developed cooperatively with agencies in the service delivery systems;

c. whether the models are preservice or developed as a part of a career development plan of in-service training; and

d. how they were funded.

Finally, a survey of professional organizations was conducted to determine whether they have:

a. designed or conducted inservice training for paraprofessionals who work with the developmentally disabled;

b. developed descriptions of competencies and skills necessary to perform certain tasks that have been used as a basis for credentialing or certification; and

c. designed career ladders for paraprofessionals working in the service delivery systems for the developmentally disabled.

This data gathering process was conducted in the form of mail questionnaires and through meetings with state developmental disabilities agencies (both planning councils and service delivery agencies), unions and employee associations (local and national), professional organizations, and institutions of higher education.

A. Results of a survey of institutions of higher education:

A mail questionnaire was sent to 398 institutions of higher education. These were institutions which previous work by NCTL, as well as current information, led us to believe might have such programs. Of the 398 questionnaires, 181 (45%) were returned. Of the respondents, 117 (64%) do train paraprofessionals to work with the developmentally disabled, 64 (36%) of the respondents do not.

The questionnaire sought to determine from among those who conducted such programs, the following information: 1) what types of programs students are trained to work in; 2) how the training models are funded; 3) source(s) of students; 4) curriculum content; and 5) where graduates find employment. Not all IHEs responded to all of the questions in the survey.

1. All IHEs training paraprofessional personnel to work with the developmentally disabled reported that they train students to work in a variety of programs; i.e., early intervention and diagnosis, education, parent training, early and periodic screening diagnosis and treatment, day care, domiciliary and respite care, sheltered workshops, recreational programs and health care programs.

The four most frequently reported program areas were:

Education - 88 (75%)

Sheltered Workshops - 82 (70%)

Day care and recreation programs - 75 each (64%)

The two programs reported the least often were:

Early Intervention and Diagnosis - 51 (43%)

Health Care - 43 (34%)

(Total percentages add up to more than 100% because multiple programs were reported.)

2. Funding sources

Individual Student Tuition - 90 (77%)

Fellowships - 19 (16%)

Contracts with local government agencies - 24 (20%)

Contracts with state government agencies - 34 (29%)

Federal grants:

NIMH Paraprofessional Branch	- 10
Bureau of Education for the Handicapped, USOE	- 17
Developmental Disabilities Offices, federal and state	- 10
Total	37 (32%)

Other public funds: Title XX - 24 (20%)

Vocational Rehabilitation - 24 (20%)

(Total percentages add up to more than 100% because multiple sources were reported.)

3. Sources of students

Individual Student Applications - 98 (83%)

Contracts with service delivery agencies to provide inservice training - 82 (70%)

(Total percentages add up to more than 100% because multiple sources were reported.)

4. Curriculum Content: The 109 IHEs who responded to this question reported that they include the following subjects in the curriculum: specific handicapping conditions, the rights and entitlements of the developmentally disabled, roles and responsibilities of paraprofessionals working in both community-based and institutional settings, generic issues relating to the DD (e.g., self-help, maintenance of a safe environment, seizure control, and behavioral management). In addition, 106 (97%) reported that they require practicum experience, three do not; five provide on-the-job experience or are the sites for practicum experience for other programs.

5. The percentage of their graduates who found employment in the following program was:

Community-based service delivery systems	- 39
Institutions	- 21
Special Education	- 17
Other	- 10

(Of the 109 who responded to this question, thirty-two had no information, four were new programs and had no graduates, three provided inservice rather than practicum, seven provided information that could not be used to determine the percentages.)

B. Results of surveys of state agencies for the developmentally disabled

A mail survey was sent to the Developmental Disabilities Planning Councils in the fifty states. Meetings were also held

with Directors of Staff Development and Training for state service delivery agencies during several on-site visits. As a result of the surveys and meetings we have information from forty states with regard to the following: (1) what states have developed inservice training models to (re)train current employees to work in new settings; (2) whether or not promotion and career ladders are tied to training; (3) what cooperative efforts exist between the service delivery agencies and IHEs to provide the training and academic credit; (4) what new career ladders are being designed to meet the needs of community-based service delivery systems; and (5) the status of certification or licensing standards for direct care workers serving the developmentally disabled.

We also met with representatives of the American Federation of State, County, and Municipal Employees (AFSCME), other public service employee unions represented by the Coalition American Public Employees (CAPE), the National Governors Association, non-profit/advocacy groups concerned with the delivery of services to the developmentally disabled, representatives of agencies that provide alternative funding sources (e.g., the United Way), and professional organizations concerned with credentialing.

The results of the surveys and the information we gathered during the meetings with the various groups mentioned above did not provide us with enough data in a form useful to provide

statistics that would have any true or valid meaning for the users of this report. Rather, we have been left with a series of impressions and conclusions about "what is happening" with regard to training workers to serve in the community-based service delivery systems that are emerging throughout the country. They are:

-- Few states have systematically addressed the issues surrounding deinstitutionalization and its impact on continuity of employment for employees.

-- Few models to retrain current staff employed in institutions to work in community-based programs exist at either a state or local level.

-- In most states, civil service or merit employee systems have not yet started to address the issue of developing a new job series or career upgrading options for public employees working in community-based programs and facilities.

-- Some states and locales are contracting for services with private/non-profit agencies and in fact are co/mingling staffs from a variety of employment systems without addressing the impact this has on maintenance and portability of salaries, seniority, promotional opportunities, educational, pension, and other benefits between employment systems.

-- Few states or locales are addressing the questions of career development and opportunities for all workers that might bridge the differences in policies and practices between public and private agencies.

-- Some states are not retraining paraprofessionals to work in community-based settings because they do not foresee decreasing the number of persons in institutions. Rather, they are hiring many additional paraprofessionals to work in institutions, thereby lowering the staff-client ratio to meet the mandates of court orders.

-- Few states, municipalities and institutions of higher education have developed coordinated efforts to design and provide training that will assure career development and advancement for paraprofessionals working with the developmentally disabled and in other human services.

-- Few states or local agencies provide release time or reimbursement to paraprofessionals to enable them to attend courses that are available through community colleges; where this does occur it is usually the result of collective bargaining agreements.

-- The development of many training models and community oriented jobs within the public employment systems

has come about as a result of court mandates; however, these activities often are placed at the lower end of the list of priorities needed to meet the mandates for deinstitutionalization.

-- Most professional organizations have resisted admitting paraprofessionals. These attitudes are changing with organizations such as the American Occupational Therapy Association and the American Speech and Hearing Association specifically endorsing therapy aides. AOTA, for example, has established a certification procedure and other organizations are urging the development of career ladders to encourage the greater use of paraprofessionals within the service delivery system.

-- Professional organizations such as the American Association for Mental Deficiency and American Association for the Severely/Profoundly Handicapped have presented information about paraprofessionals to their membership through workshops at their national conferences. Still others are encouraging institutions of higher education to train professionals to better understand the roles and skills of paraprofessionals so they can utilize them more effectively.

C. Credentialing

In connection with the development of credentialing procedures and standards, two activities are underway that address questions of certification for paraprofessionals. The first is a project funded by the Paraprofessional Branch of the National Institute of Mental Health (NIMH) to develop criteria for certification of mental health workers. The project is being carried out by the Southern Regional Education Board. The second project is a Task Force on the credentialing of paraprofessionals working in education programs for the handicapped and is funded by the Bureau of Education for the Handicapped, USOE.* Both agencies also fund training models for paraprofessionals working in a variety of programs for the handicapped. In this survey on "the state of the art", we did not attempt to determine what is happening as far as networking activities between agencies serving handicapped persons who are not considered to be developmentally disabled, yet as the activities of the two agencies mentioned above indicate there is a broad range of commonality of purpose that must be linked together to avoid gaps in services to all handicapped persons.

Conclusions

Efforts by state agencies and local service providers are underway to deliver more and better services in less restrictive

*This project's principal investigator and director, respectively, participate in the work of these two projects.

environments to the developmentally disabled. If these services are to be effective, we must find ways to open the doors of the institutions for both the residents and the workers. Both groups must be prepared to assume new roles and responsibilities in new settings. (Re)training for paraprofessionals, career development, and career mobility for the present work force are keys to insuring successful transitions for both consumer and workers and will help to achieve a consumer oriented service delivery system rather than prolonging old attitudes and ways of doing things.

Indeed, if this does not occur, unions and the workers they represent will continue to resist efforts toward deinstitutionalization in order to avoid what they consider to be threats to the rights and entitlements of their members, as well as poor service to consumers. The fears the union leadership shared with us are based on past performance by state and local service delivery systems as they moved towards deinstitutionalization in the mental health field and cannot be ignored by policy makers and implementors. In order to ensure career mobility and the portability of benefits as well as credentials or work experience credit from one system to another, state governmental agencies (service delivery, civil service and executive branches) must work cooperatively with institutions of higher education, other funding sources, unions, professional organizations and other provider agencies. In the absence of

planned coordinated approaches to training and career development and mobility, the goal of developing a trained cadre of community-based direct service workers will be almost impossible to implement and may in fact jeopardize the movement toward communitization.

The following sections in this report and the appendix will include examples of training models, career development models and other cooperative efforts between agencies, IHEs, unions and professional organizations that exist throughout the country. For example, New York has conducted a study of issues impacting on continuity of employment; Texas has conducted a task analysis in order to design job descriptions, training and career mobility; a new service delivery system is being developed in Utah; in Massachusetts AFSCME is working cooperatively with the administration at Belchertown State School to implement a court ordered deinstitutionalization plan and development of a training model; in Indiana the state agency for Mental Health and Mental Retardation, a state hospital and training school, a state university and a two year vocational school are working to develop training options for mental health and mental retardation has developed a training model and worked cooperatively with the state civil service agency to develop a career ladder and promotional system tied to the new training model.

III. Career Development: Introduction

Career development is an integral part of the planning of community-based services for the developmentally disabled. Few communities have sufficient numbers of trained workers needed to meet the needs of this population segment. As institutions serving the developmentally disabled reduce their populations in an effort to insure quality of care through "normalization" strategies, more and better trained workers will be needed to work in a variety of community settings.

In this section, the basic components of a career development plan are outlined. When interwoven with the components of a service delivery plan, a comprehensive approach to de-institutionalization is produced.

To assist planners and program implementors, this section: 1) outlines the process of task analysis to design the career development plan; 2) provides a description of paraprofessional positions in programs for the developmentally disabled; and 3) suggests various career ladders which lead to the promotion and upgrading of paraprofessionals.

A. Components of a Career Development Plan

An effective career development plan will contribute to the delivery of improved services for the developmentally disabled, help to insure career opportunities (not dead end jobs), and make better use of the professional staffs' time and skills.

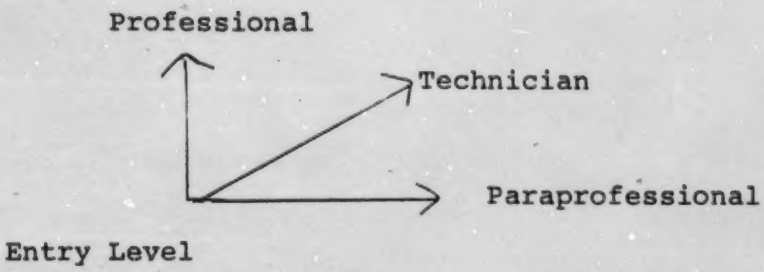
The basic components of a career development plan are level positions for immediate work in a career area; a career ladder from entry to professional positions; realistic job descriptions for each position on the ladder; training -- pre-service, inservice, and on the job; education and transferable credits; and supportive services.

Entry level positions - The career development plan should focus on the workers at the bottom and build upward. Too often, the positions entitled Aide I or Assistant I operate without functional job descriptions indicating the real work the worker is expected to do. Instead, these positions carry descriptors which stipulate, "assist the person in charge in carrying out..." Frequently, the aide is in a position to use initiative, sound judgement, and carry responsibilities which are not stated on the job description. One goal of the career development plan is to strengthen the entry level positions so as to improve the effectiveness of and to retain these workers. The investment of training and effective supervision has a pay-off as the worker gains a vested interest in performing well to move up a career ladder.

Viable Career Ladder - Each agency should spell out its plan for staff mobility so that a worker will know where he or she can go in the organizational framework. Various patterns of mobility can be illustrated by having plans which reflect vertical,

diagonal, or horizontal mobility. (See Figure 1)

Figure I



The career ladder appeals to those who wish to combine work and study to move up to professional ranks within a given discipline. For example, an advocacy assistant, who combines work and study to become a para-legal and, then, with formal training, a lawyer.

Another pattern of mobility might include moving from entry level to a technical position such as recreational therapist. The career ladder should indicate what kinds of training and supportive work assignments would contribute to the accomplishment of this goal.

Many workers, however, may not want to move upward either vertically or diagonally,but would like to know that theirs is not a dead-end job nevertheless. The viable career plan indicates how all staff functions are interrelated and illustrates

that workers are able to move from the entry level of one function to another. For example, in a large sheltered workshop, an entry level production supervisor might move to a community outreach function at the same level.

Inservice Training

Most agencies offer inservice training to staff members. It is most often the means by which new policies are transmitted and the staff is brought up-to-date on plans and practices. In a comprehensive career development plan, inservice training is conducted at regular intervals and provides the workers with formal learning opportunities to do their jobs better and to learn how to do other jobs within the agency. In many agencies, inservice training courses are accredited through community and four year colleges.

Education

The education component of the career development plan supplements the content which is offered through inservice training. Through formal accredited education, workers are able to achieve the credentials which permit mobility into higher ranks.

The education component often provides the theoretical undergirding which may not be provided in inservice courses. It is greater understanding and broader learning achieved in education settings which, when added to the job experiences, provides the well-rounded worker a better base from which to work with the developmentally disabled.

Many businesses and industries now reimburse or provide cost benefits for workers who pursue work-related courses. Many human service agencies have fostered the development of courses and professional sequences at the college level as resources to their staff development plans. In these cases, workers are provided paid released time to attend classes, sometimes during their normal working hours. As colleges and universities have sought ways to meet the needs of this new cadre of students, traditional degree programs have changed. Some courses are taught at work sites or in community extension centers. Formal entrance requirements have been changed to permit matriculation by the non-traditional student. Experiential learning has been incorporated into many course offerings so that practicums in special education classrooms or programs for the developmentally disabled are available to provide a hands-on learning experience for the student who is not a paraprofessional worker. For the student who is a worker, however, the education system values highly the working experience as part of the crediting process.

Because of these and many similar changes in education systems, career development plans can be enhanced for the worker by the possibility of receiving a credential. For the employer, the education component offers another opportunity to improve and expand services by better trained workers. Education plans should be developed and monitored by advisory groups made up

of representatives of educational institutions, workers (and their representatives), and employers.

Supportive Services: As a component of a comprehensive career plan, supportive services are those services which insure that workers will be able to take part in the career development process. It means that the emloyer takes responsibility for directly providing or coordinating the provision of such services as counseling, tutoring, transportation, or substitute workers to enable workers to participate in the career program. The supportive services needed will vary for each worker and each work setting. For example, the employer could establish lunch time study groups or individual tutoring by volunteers or members who are having difficulties in a particular course and are afraid of failure. Or in another instance the employer might enable the worker to attend classes through a work release program rather than making career development the sole responsibility of the worker.

Such services indicate to the worker the strong commitment of the employer and it is often this feeling of support, or back-up, which adds to the motivation of the worker to participate and achieve.

In some programs for the developmentally disabled, there are parts of a career plan available to workers. Larger institutions have used some of their resources to provide effective

inservice programs and special courses. Unions have successfully bargained for other aspects of career development programs for members, and workers themselves, on their own initiative, have gone about their individual plans for career advancement. Whenever a system undergoes fundamental reorganization, though, opportunity is provided for all of these groups to address career development concerns collectively. The emphasis on community-based care for the developmentally disabled provides the appropriate time to address the career development concerns of workers. Different means of providing services will result in large scale shifts in work responsibilities, retraining of workers, and refocusing of goals. This reorganization is a positive environment in which to institute comprehensive career development plans.

B. Task Analysis: A Process to Design Career Programs

In the preceding section of this unit, we described the basic components of a career development plan for paraprofessionals working in a variety of service delivery agencies and systems. The foundation of the New Careers Training Laboratory (NCTL) approach to developing a career development plan is the Task Analysis. In this section, we will provide an overview of the NCTL system of Task Analysis as well as lists of tasks within selected job and an analysis of one of the tasks within each job function.

Task analysis is a way of identifying behaviors and skills necessary to complete a specific act and then to analyze the required skills to execute the required skills well. In teaching self-care skills to developmentally disabled persons, workers learn the separate and discreet behaviors required to brush teeth or button shirts. A different, but similar, form of task analysis is used to identify the behaviors the worker must execute in order to train another person to perform a task such as brushing teeth. In planning career development programs, it is a task analysis of the worker's behavior that will enable planners to develop functional job descriptions, career ladders, training and educational programs.

The purpose of this overview to Task Analysis is twofold. The first is to demonstrate a method by which planners of

community-based programs might proceed in designing adequate staffing plans to meet service objectives; and the second is for planning the career development components to meet the needs of workers.

Overview of Task Analysis

The NCTL approach to Task Analysis is one of several methods that exist for doing task or job analysis. It does, as do other methods, provide a systematic procedure for collecting, processing, and interpreting data concerning tasks that must be accomplished in order to provide needed services for the developmentally disabled.

A completed analysis provides planners, developers, and implementors with the basic information needed to:

-- determine what jobs have to be performed to deliver quality services to the consumers;
-- determine where and how each job is to be performed to deliver efficient and effective services and programs in a variety of settings;
-- determine how the work being performed can be evaluated objectively against goals and service needs to maintain quality service delivery;
-- determine entry and selection requirements for new employees and provide guidelines for designing inservice skills training programs for all personnel to upgrade skills and provide routes to job mobility within the service delivery systems;

-- develop new job positions for qualified employees between present paraprofessional and professional jobs (career ladders); and

-- connect career oriented skills training programs to academic programs to provide meaningful, work-related education opportunities for employees.

To begin the task analysis process the task analyst divides the agency objectives/goals into operational functions. For example:

Agency: Group Home	Goals/ Objectives	Operational Functions
Small non-institutional setting where developmentally disabled people live and share in the benefits of home life.	- to secure appropriate resources for day-to-day operation of home	Administration
	- to provide caring, sensitive workers to supervise activities of residents 24 hours per day	Care Provision
	- to work cooperatively with agencies responsible for rights and protection of residents	Outreach/Liaison with Responsible agency
	- to work with agencies responsible for educational, vocational, and recreational services to assure residents participation	

Once the goals and functions of the agency have been established, specific job functions can be designed which will

outline the work to be performed. The basic units of every job are the tasks which the worker/staff must perform in order to accomplish these stated goals. Task Analysis then is the process of examining these basic units to determine the additional information needed to develop job descriptions, criteria for evaluation, plans for training and education programs, and qualifications for the designated positions. Task Analysis is also a tool for designing new jobs, as well as organizing positions into viable career ladders.

Once the job functions have been identified, the analyst will be able to identify the tasks which will be required to meet the specific goals of the agency. These tasks are then divided into several parts as follows:

Activities:	the behaviors required by the worker/ what the worker must <u>do</u>;
Condition:	The circumstances under which the task is to be performed - specifically <u>where</u> and <u>how</u> the activity takes place;
Criteria:	The standards by which the work will be evaluated - the determination of <u>how well</u> the activities are performed;
Primary Skills:	the <u>essential</u> skills needed to perform the activity at a minimally satisfactory level;

Secondary Skills: Additional skills which will prove helpful in performing the task; and skills that enhance or improve the worker's primary skills;

Desirable Qualities: More complex skills which cannot necessarily be acquired through routine inservice training but are reflected in the worker's performance (e.g. good judgement, efficiency, understanding, patience.)

In order to gather data for the completion of the Task Analysis, the analyst begins by brainstorming with other planners and workers a list of assumed tasks. This list is then refined and placed on separate Task Analysis charts.

NCTL TASK ANALYSIS CHART JOB:

ACTIVITY	CONDITIONS	CRITERIA	PRIMARY SKILLS	SECONDARY SKILLS	DESIRABLE SKILLS
Task that needs to be done to provide services.					

Through direct observations of and interviews with workers and their supervisors, the analyst then completes the remaining columns of the chart. The information in each of the six columns

is then used to develop the other components of the career development plan. Job descriptions are developed from information in the activities and conditions column; content for design of the inservice training and education courses is found in the skills columns; and career ladders are developed for each career area where agency functions are carried out: Social Service, Advocacy and Legal Rights, Education, Domiciliary Care. (A fuller description of the development of career ladders follows in the next section.)

A quick summary of the Task Analysis Chart, and the information which goes into the development of the Task Analysis Chart appears below:

NCTL TASK ANALYSIS CHART JOB:

ACTIVITY	CONDITIONS	CRITERIA	PRIMARY SKILLS	SECONDARY SKILLS	DESIRABLE SKILLS
What tasks must be done in order to provide adequate services?	Where are the tasks done? How are they done? What materials, equipment, etc. are used? Who gives guidance, support, technical information and supervision?	What does an employee do that can be observed and measured objectively to find out how well (s)he does each task?	What are the basic skills needed to perform each task?	Which skills, attributes, or knowledge will help the employee perform the task better?	What life and work experience is needed? Which discretionary skills will enhance the employee's performance? What personal qualities are desirable?

A listing of tasks within selected job functions and agencies where they might be performed is provided at the end of this section.

An analysis of one of the many tasks observed is included as well. These observations were made during more than 20 site visits in several states. The sites were both rural and urban, institutional and community-based, and represented a broad range of services, e.g., educational, vocational, domiciliary, diagnosis and intervention, advocacy, early childhood, adult services, and parent training. The staff included paraprofessionals as members of the service delivery team, and, finally, there was a heavy commitment to career development for all members of the staff within the agencies.

C. Developing Job Descriptions

After the Task Analysis has been completed and existing jobs and new jobs have been grouped into a career ladder, each job can be described in detail on a form which paraprofessionals and their supervisors can use. The job description is a written agreement, much like a contract: the agency states what work, training and education it will make available leading to more responsible, better paying jobs. The employee agrees to do the present job on the condition that (s)he can advance as stated in the job description. This written description is particularly important for paraprofessionals who have been shuttled from training programs that don't train to job placement, where new employees are laid off as soon as special funds expire, and to career plans where new titles may, in fact, turn out to be old deadend jobs.

The job description serves the following functions:

-- it provides supervisory staff with a consistent description of each position;

-- it shows each employee where he/she is in the agency, what he/she can learn, and where he/she can move;

-- it tells each employee what specific tasks he/she is responsible for, who will supervise him/her, and how he/she will be evaluated;

-- it states objective criteria for selection into entry level positions in the career ladder and objective work experience; training, educational and credentialing requirements to move on to better jobs in the agency or in other agencies.

A sample form for job description follows with directions for completing each section. The form is followed by a series of job functions which include a description of general responsibilities and specific duties that would be expected of a person working in such a position. Possible job sites are also indicated. Finally, an analysis of one of the many tasks observed is attached.

Job Function:

Exhibit I - Community Outreach Worker

Exhibit II - Group Home Manager

Exhibit III - Production Supervisor

Exhibit IV - Teacher Assistant, Early Childhood Program

Exhibit V - Developmental Specialist

NCTL JOB DESCRIPTION FORM

Job Title:_____ Agency:_____

Salary Range:_____ _____

I. GENERAL RESPONSIBILITIES

(Summarize the main activities from the Task Analysis for this position on the Career Ladder)

II. SPECIFIC ACTIVITIES

List all the activities and their conditions from the Task Analysis for this position. Give as detailed a picture as possible. If the same activity is performed by people at different levels on the Career Ladder, state what the person in each position is responsible for.

Use all ACTION VERBS, such as "makes home visits; completes contact reports; conducts the following small group activities; sets up meetings with...; refers people to...; etc.

III. REQUIREMENTS FOR THE JOB

A. Entry Requirements

For the first position on the Career Ladder, the Entry Requirements are the same as the Criteria for Selection into the Career Development Program.

For all other positions on the Career Ladder, the Entry Requirements are the work experience, or equivalent life experience training (course titles or number of inservice hours), education courses and academic credentials listed on the Career Ladder for the previous job. The skills involved in each activity on the Task Analysis for this position can also be stated here.)

B. Advancement Requirements

List the inservice training, education and work experience which the paraprofessional can obtain in this position and which are needed for promotion into the next position. A clear career route should be indicated here including salary increments.

C. Transferability

Find out about and list the jobs which the paraprofessional may qualify for in other human service agencies in your area as a result of experience and training. List additional academic credentials, licensing requirements or certificates if needed.

IV. SUPERVISION

State who supervises the paraprofessional. This can be found in the agency's organizational chart and may be listed in the "Conditions" column of the Task Analysis. If someone other than the supervisor gives technical help, on-the-job training and resource information, state who this person is.

Communication channels for complaints, ideas, suggestions for improving agency services can also be stated here.

V. EVALUATION

A. Who Evaluates

State who evaluates how well the paraprofessional is performing assigned activities while on the job and when ready to be promoted.

B. How Often

State how often the paraprofessional will be evaluated and whether there is a probationary period. Describe briefly what the paraprofessional's role is in the evaluation and what general agency procedures for evaluating all personnel apply.

Job Function: Community Outreach Worker

Job Sites: Group Homes, Regional Developmental Centers, Community Mental Health Programs, Sheltered Workshops, or Advocacy Programs

The community outreach worker assists clients in finding appropriate community resources and services. If available resources or services do not meet the needs or insure the rights of the client, the community outreach worker tries to develop the necessary resources or deliver the service him or herself. An outreach worker may:

-- develop a reference directory of key contacts in supporting agencies;
-- refer clients to other human service agencies;
-- coordinate the activities of human service agencies;
-- monitor the quality of services received by clients;
-- help clients apply for benefits for which they may be entitled, such as social security, SSI, food stamps, etc;
-- help clients represent themselves at meetings;
-- accompany clients to appointments;
-- conduct home visits;
-- pick up and deliver food stamps;
-- provide counseling on housing, training, and job opportunities;

-- teach clients good hygiene habits;

-- teach clients how to budget time and money;

-- teach clients how to shop;

-- take clients shopping;

-- teach clients how to plan and prepare well-balanced meals;

-- teach clients how to ride the bus;

-- teach clients how and when to take medications;

-- provide community education; and

-- write progress reports.

Job Description: COMMUNITY OUTREACH WORKER

NEW CAREERS TRAINING LABORATORY TASK ANALYSIS CHART

ACTIVITY	CONDITIONS	CRITERIA	PRIMARY SKILLS	SECONDARY SKILLS	DESIRED QUALITIES
Helps client make arrangements to receive food stamps.	Where: Client's home/ Agency/Food Stamp Center How: Determine client's need for food stamps Determine at which Food Stamp Center the client should apply Arrange to accompany client to center Informs clients of documents (s)he must bring with him/her (pay check stubs, utility bills, passbooks, checkbooks, rent receipts, etc.) Escorts client to Food Stamp Center	•Did the worker assess the client's needs appropriately? •Did the worker identify the appropriate center? •Did the worker inform the client of the date and time of the appointment? •of the place they would meet? •Did the worker make a record of the information imparted during the phone call to client? •Did the worker accompany client to Food Stamp Center?	•Basic interviewing techniques •Ability to use telephone effectively •Ability to gather information •Ability to speak clearly and well •Knowledge of Food Stamp Program •Ability to compute basic data to determine eligibity for food stamps •Knowledge of when to refer clients to services •Ability to read, write and fill out forms •Ability to give clear directions	•Knowledge of geographical area of community •Ability to support client's efforts •Bilingual ability when necessary	•Ability to get along with people •Positive attitude •Patience •Flexibility •Trustworthiness •Observant •Ability to organize •Ability to establish rapport

Job Description: COMMUNITY OUTREACH WORKER continued.... NEW CAREERS TRAINING LABORATORY TASK ANALYSIS CHART

ACTIVITY	CONDITIONS	CRITERIA	PRIMARY SKILLS	SECONDARY SKILLS	DESIRED QUALITIES
Helps client make arrangements to receive food stamps (cont.)	Helps clients in answering questions Helps client complete necessary forms Collect form from client letter authorizing worker to pick up food stamps for client, when necessary Collects two pieces of identification from the client so that worker can pick up client's food stamps Who: ·Supervisor ·Food Stamp Center Personnel	·Did the worker help client answer questions? ·Did the worker make certain the client understood what information was necessary to include? ·Did the worker write information on the form if the client did not know how to write? ·Did the worker help client write authorization letter? ·Did the worker collect two pieces of identification from the client?			

Job Function: Group Home Manager

Job Site: Group homes, alternative living Center for the profoundly handicapped persons, or other community-based residential settings

A group home manager is responsible for the daily operation and maintenance of the group home. The manager interprets regulations and implements standards of care, training, and safety outlined by regulatory agencies.

A group home manager:

-- maintains a warm, home-like environment;
-- insures safety standards of the home;
-- insures the development of independent living skills for each client;
-- insures that adequate nutritional standards are met;
-- protects the rights and interests of each client;
-- maintains appropriate records;
-- maintains confidentiality of records;
-- develops procedures in accordance with regulations of administering agency;
-- recruits, selects, group home staff;
-- terminates group home staff;
-- schedule and supervise group home staff;
-- insures that standards established by regulatory agencies are maintained;

-- prepares annual budget;

-- monitors expenditures;

-- insures that separate bank accounts are kept for each resident;

-- participates in staff training and orientation;

-- maintains personnel records for each employee;

-- facilitates the integration of residents into the life of the community; and

-- promotes socialization among residents.

Job Description: GROUP HOME MANAGER NEW CAREERS TRAINING LABORATORY TASK ANALYSIS CHART

ACTIVITY	CONDITIONS	CRITERIA	PRIMARY SKILLS	SECONDARY SKILLS	DESIRED QUALITIES
Hires new staff	Where: Group Home How: Develop selection criteria	• Did the manager identify competencies the new employee must possess? • Did the manager identify attitudes the new employee must exhibit? • Did the manager determine if certification or licensure was required? • Did the manager identify philosophical beliefs the new employee should hold? • Did the manager identify previous experience the new employee must have had?	• Ability to conduct task analysis • Knowledge of community • Knowledge of personnel policies and regulations governing group home • Knowledge of group home's philosophy • Knowledge of organizational structure of group home • Knowledge of group home's career ladders and lattices • Knowledge of training and education offered or supported by group home	• Ability to organize time effectively	Pleasant personality Positive attitude
	• Select persons to be considered for the job from resumes sent in response to advertisements	• Did the manager review each resume in light of the qualifications for the job? • Did the manager separate resumes of qualified persons from resumes of unqualified persons?	• Interviewing skills • Writing skills • Ability to communicate effectively by phone		

Job Description: GROUP HOME MANAGER continued....

NEW CAREERS TRAINING LABORATORY TASK ANALYSIS CHART

ACTIVITY	CONDITIONS	CRITERIA	PRIMARY SKILLS	SECONDARY SKILLS	DESIRED QUALITIES
Hires new staff (cont.)		• Did the manager identify the most highly qualified persons?			
	• Arranges to interview selected persons	• Did the manager arrange time on his or her calendar to interview each person?			
		• Did the manager call each person to arrange a mutually convenient date and time to conduct each interview?			
	• Interviews each prospective employee	• Did the manager discuss philosophy of organization?			
		• Did the manager discuss responsibilities of the job?			
		• Did the manager gather information concerning the applicant's qualifications for the job?			
		• Did the manager discuss personnel policies, regulations?			

Job Description: GROUP HOME MANAGER continued....

NEW CAREERS TRAINING LABORATORY TASK ANALYSIS CHART

ACTIVITY	CONDITIONS	CRITERIA	PRIMARY SKILLS	SECONDARY SKILLS	DESIRED QUALITIES
Hires new staff (cont.)		• Did the manager discuss criteria for career advancement? • Did the manager discuss criteria for transferring from one job to another?			
	• Checks references of the two or three persons most qualified • Selects new staff person	• Did the manager call or write candidates? • Did the manager call successful candidate to notify him or her about being selected? • Did the manager inform successful candidate of date and time to report for orientation fo the job?			
	• Notifies unsuccessful candidates that the job has been filled	• Did the manager write to each applicant informing him or her that the job has been filled?			
	Who: Group Home's Board of Director				

Job Description: GROUP HOME MANAGER continued....

NEW CAREERS TRAINING LABORATORY TASK ANALYSIS CHART

ACTIVITY	CONDITIONS	CRITERIA	PRIMARY SKILLS	SECONDARY SKILLS	DESIRED QUALITIES
Hires new staff (cont.)		•Did the manager discuss training and educational opportunities? •Did the manager discuss the organizational structure? •Did the manager discuss the employee evaluation process? •Did the manager answer all questions posed by prospective employee? •Did the manager inform prospective employee when the job would begin?			
		•Did the manager inform perspective employee when (s)he would hear about the job? •Did the manager elicit an indication of the candidate's interest in the job?			
	•Narrows the number of candidates for the job to two or three persons	•Did the manager identify those persons most qualified for the job?			

Job Function: Production Supervisor

Job Site: Sheltered Workshops or Activity Center for Adults

The production supervisor oversees a production unit in a sheltered workshop and is responsible for the output of a small group of workers. In addition to functioning as a foreman at a job site, the production supervisor assists in training the client-worker in learning appropriate work behaviors related to functioning well on the job as well as monitoring the quality of the work produced. The production supervisor's activities are to:

-- demonstrate appropriate procedures for signing in (or clocking in) at work;
-- assist client-worker in developing ability to use appropriate procedures when reporting to work;
-- assign specific tasks to client-worker;
-- oversee safety of work areas;
-- assist in behavior modification training or client-worker in work area;
-- report to project director and case manager on progress of client-worker;
-- coordinate work schedules for client-worker;
-- order supplies;

-- set up production line;

-- monitor client-worker output; and

-- determine salary, if appropriate, for piece work.

Job Description: PRODUCTION SUPERVISOR NEW CAREERS TRAINING LABORATORY TASK ANALYSIS CHART

ACTIVITY	CONDITIONS	CRITERIA	PRIMARY SKILLS	SECONDARY SKILLS	DESIRED QUALITIES
Assists clients in learning task as part of assembly operation.	Where: Sheltered workshop production area How: Supervisor selects one discreet task to teach client Supervisor practices doing task several times prior to instructing client Supervisor takes client to production area and shows him/her task being done. Supervisor then takes client aside and utilizes 4 step method explain - demonstrate - exercise - evaluate to instruct client in performing task Supervisor provides several opportunities for client to perform task until fully assured that he/she can complete task Supervisor then escorts client to production area and assigns specific among of pieces to be completed	•Is supervisor able to break assembly operation into discreet tasks? •Is supervisor able to perform task him/herself? •Does supervisor utilize effective technique in explaining production requirements? •Is supervisor able to provide appropriate instruction on task performance for client? •Does supervisor utilize 4 step method in instruction process? •Does supervisor employ techniques to help client get oriented to task? •Does supervisor observe client's behavior and make appropriate judgment about amount of work client can produce?	•Ability to break job down to discreet tasks •Knowledge of and ability to explain to developmentally disabled clients the process in the production area and specific tasks client is to perform •Ability to do 1 to 1 training •Ability to utilize 4 step method in training clients •Ability carefully to observe client's behavior and assess his/her ability to perform task •Ability to provide positive reinforcement and to utilize behavior modification techniques to overcome negative behaviors •Ability to identify errors in client's performance of tasks and ways to assist client in performing task correctly		

Job Description: PRODUCTION SUPERVISOR continued.... NEW CAREERS TRAINING LABORATORY TASK ANALYSIS CHART

ACTIVITY	CONDITIONS	CRITERIA	PRIMARY SKILLS	SECONDARY SKILLS	DESIRED QUALITIES
Assists clients in learning task as part of assembly operation. (cont.)	Supervisor observes client's behavior in production area and remains close by until assured that client is performing well Throughout instruction and observation process, supervisor uses positive reinforcement and behavior modification techniques as appropriate Supervisor makes notes of client's progress for record-keeping purposes		·Ability to assist client in adjusting to demands, schedules, and safety standards of production area ·Ability to recognize difficulties or frustration in client adjustment ·Ability to write reports	. Ability to type reports	

Job Function: Early Childhood Teacher Assistant

Job Site: Pre-school Day Care Center, Head Start, Infant Stimulation Program

The early childhood teacher assistant works in an educational environment designed to stimulate growth and development in infants and young children. The teaching process includes small group exercises as well as one-to-one activities. Teacher assistants work with clients and their families.

Among the teacher assistant activities are to:

-- assist in developing programs plans for each child;
-- observe and collect data and record progress;
-- at the direction of teacher implement developmental activities in sensory-motor therapy and education, perceptual-motor activities, pre-speech activities, and individual and group language therapy socialization;
-- supervise setting up and cleaning up before and after activities;
-- participate in parent meetings and conferences;
-- participate in staff meetings;
-- participate in inservice training;
-- prepare instructional materials;

-- supervise playground and field trip activities;

-- make home visits; and

-- observe behavioral, health or physical changes which warrant attention of teacher, nurse, or the professional staff.

Job Description: TEACHER ASSISTANT IN EARLY CHILDHOOD CENTER NEW CAREERS TRAINING LABORATORY TASK ANALYSIS CHART

ACTIVITY	CONDITIONS	CRITERIA	PRIMARY SKILLS	SECONDARY SKILLS	DESIRED QUALITIES
Conducts home visits to assist family members in learning skills to assist with developmentally disabled infant	Where: In the homes of children registered in program How: Scheduled visits on monthly basis during evenings or weekends Discusses with family members activities of program for current month For each activity discussed, teacher assistant is able to explain importance of activity to child's development For each activity discussed, teacher Assistant explains follow-up activities which can be performed at home Teacher assistant demonstrates follow-up activities for family members Teacher assistant provides opportunities for family members to practice exercise Teacher assistant is able to answer questions of family members pertaining to activities	.Were visits scheduled at times when family members were at home? .Did teacher assistant find home and arrive on time for visit? .Was topic of visit explained? .Did teacher assistant give evidence of well-planned visit? .Was teacher assistant able to explain activities of the program over the last month for family members? .Was teacher assistant able to explain family's role in follow-up activities? .Was teacher assistant able to demonstrate appropriate activities for follow-up at home? .Did teacher assistant allow time for family members to practice?	.Ability to develop schedules and complete activities within planned time framework .Knowledge of child; home situation and ability to plan home follow-up activities accordingly .Ability to explain school program to family members .Ability to explain and demonstrate procedures for follow-up activities .Ability to conduct home visit in a pleasant, informative, and helpful manner .Ability to handle questions from family members .Ability to elicit responses to questions	.Ability to speak language other than English, if necessary to communicate more effectively .Ability to design and construct learning aids or games which can be made from items found around the house .Ability to drive if public transportation is not available	Respect for the value of family participation in facilitating prescriptive plans for each child in the program Ability to develop rapport with people of all ages and backgrounds (i.e., ethnic, cultural, economic, etc.) Ability to convey warmth and enthusiasm Well organized

Job Description: TEACHER ASSISTANT IN EARLY CHILDHOOD CENTER continued.... NEW CAREERS TRAINING LABORATORY TASK ANALYSIS CHART

ACTIVITY	CONDITIONS	CRITERIA	PRIMARY SKILLS	SECONDARY SKILLS	DESIRED QUALITIES
Conducts home visits to assist family members in learning skills to accept with developmentally disabled infant. (cont.)	Teacher assistant encourages family members to become or remain active with early childhood program Teacher assistant determines date of next visit		•Ability to encourage family members to view their roles positively in working with the developmentally disabled child at home and in working with other personnel		

Job Function: Developmental Specialist

Job Site: Advocacy Agency, Regional/State Service Delivery Agency, Educational Program or Sheltered Workshop

The Developmental Specialist works for the administrative unit responsible for case management this could be a private non/profit organization or a regional office of the state department for developmental disability services or a community-based mental health program. This position involves monitoring the transition of consumers from state facilities to community-based programs and insuring the delivery of services to the individual consumer.

Among the activities of the Developmental Specialist is to:

-- determine appropriate community placement for consumer;
-- provide training on program plans and complementation with care provider;
-- work closely with case manager in determining and insuring needs of client are met;
-- coordinate training of care providers by scheduling classes, arranging for trainers, determining site and evaluating sessions;
-- serve on mental health advisory board and local organizations concerned with well being of clients; and
-- serve as consultant trainer to agencies providing inservice training for group home operators.

Job Description: DEVELOPMENTAL SPECIALIST

NEW CAREERS TRAINING LABORATORY TASK ANALYSIS CHART

ACTIVITY	CONDITIONS	CRITERIA	PRIMARY SKILLS	SECONDARY SKILLS	DESIRED QUALITIES
Secures appropriate community placement for clients	Where: In the community. How: Obtains from case manager names of persons to be transferred to community residences Visits clients at hospitals and become knowledgeable about their needs Reviews roster of residences available and selects one (or more) for possible relocation of client Visits residences to determine current conditions Arranges conference between case manager and care provider about client Selects appropriate residence Insures paper work is handled correctly Escorts client for one or more visits to group home Arranges for client to move in and have belongings transferred	• Did worker obtain names for transfer through appropriate channels? • Were client visits to hospital productive in terms of worker learning about clients needs and history? • Were appropriate potential residences selected based on client's • age • sex • abilities . needs? • Was case conference held between case manager and care provider? • Was appropriate residence selected and agreed upon by all parties? • Did worker institute and follow-up on paper work to formalize transfer? • Were forms completed accurately?	• Knowledge of procedures for transferring clients from institutions to group homes • Ability to initiate monitor, follow-up on transition process • Ability to determine appropriate residence for client based on client needs • Ability to provide orientation for client to new environment • Ability to provide orientation to provider or client history and needs • Ability to assist in client adjustment to new surroundings • Ability to conduct client visits to determine progress in new setting • Ability to maintain appropriate records		Sound judgment Ability to make effective decisions about placement

Job Description: DEVELOPMENT SPECIALIST continued... NEW CAREERS TRAINING LABORATORY TASK ANALYSIS CHART

ACTIVITY	CONDITIONS	CRITERIA	PRIMARY SKILLS	SECONDARY SKILLS	DESIRED QUALITIES
Secures appropriate placement for clients (cont.)	Visits client frequently during adjustment period Confers with care provider about progress of client Maintains appropriate record of all visits	• Was client informed and those responsible for client involved in decision making? • Was client escorted to new residence for visits and to become familiar with new surroundings? • Was client's transition handled effectively? • Did worker confer frequently with provider and client to assure adjustment progress? • Were appropriate notes and records maintained?	• Ability to work well with clients and group home providers • Ability to troubleshoot should need arise		

Job Function: Direct Care Worker

Job Site: Group home or other alternative living centers

The direct care worker is responsible for the direct care services for clients by providing training in self-help skills, assisting in planning of activities for clients, encouraging growth and development for each client, and implementing program plans for each client. Direct care workers are directed by professional staff persons and are employed in residential facilities where clients requiring long term care reside. Among the activities of the Direct Care Worker are to:

-- administer medication;
-- provide assistance in self-help skill development;
-- plan recreational activities;
-- escort clients to and from various locations including recreational activities, trips for services or goods outside of residence;
-- maintain logs of daily activities and progress;
-- insure safety of immediate environment of client;
-- propare clients for day's activities, i.e., toileting, bathing;
-- provide training at every opportunity;
-- assist client in developing communication and socialization skills; and
-- assist client in improving or developing fine motor and gross motor skills.

Job Description: DIRECT CARE WORKER

NEW CAREERS TRAINING LABORATORY TASK ANALYSIS CHART

ACTIVITY	CONDITIONS	CRITERIA	PRIMARY SKILLS	SECONDARY SKILLS	DESIRED QUALITIES
Provides training in self-help skills (e.g., dressing, brushing teeth, toileting, etc.)	Where: In residential setting where client lives How: Reviews individual plans to determine what skills is to be learned by client Establishes a method for teaching skill and determines approaches to be utilized Introduces skill to client by explaining behavior desired - uses gestures, sign language, and other techniques of communication in addition to verbalizing behavior Uses positioning techniques to assist client in physical efforts Employs behavior modification techniques for reinforcement Use positive rewards when client attempts to perform skill Remains consistent in having client do as much as he/she is able	•Did worker review client's individual plan to determine skill to be trained? •Did worker establish an acceptable method for teaching skill to client? •Did worker appropriately demonstrate skill and help client acquire appropriate behavior through use of: •gestures •sign language •appropriate positioning? •Did worker employ appropriate behavior modification techniques in working with client? •Did worker remain consistent in efforts over a period of time to help worker acquire skill? •Did worker deal with the client firmly and fairly?	•Ability to interpret individual plans •Knowledge of self-help skills and means by which developmentally disabled clients learn them •Knowledge of client's particular disability and impact on learning •Ability to work with client's with various disabilities •Ability to introduce a learning sequence for each skill being taught (e.g., brushing teeth) •Knowledge of positioning techniques and ability to employ technique in working with severely disabled clients		Patience Firm/flexible

Job Description: DIRECT CARE WORKER continued...

NEW CAREERS TRAINING LABORATORY TASK ANALYSIS CHART

ACTIVITY	CONDITIONS	CRITERIA	PRIMARY SKILLS	SECONDARY SKILLS	DESIRED QUALITIES
Provides training in self-help skills (e.g., dressing, brushing teeth, toileting, etc.) (cont.)	Constantly reinforces skill to be learned and provides many opportunities for client to perform skill Worker remains firm but pleasant and realizes skill is developed often over extended periods of time				

The analysis of just these few tasks demonstrate the valuable data that is generated for development of the career plan as well as for specifying the delivery of services to clients. The delivery of these services may take place in a variety of settings and be delivered by a variety of agencies depending on the locale and the systems developed to meet the needs of the clients. For example, in Western Massachusetts, Riverside Industries, a sheltered workshop, works directly with residents of Belchertown State School to aid in finding living space for them and to help them adapt to the new community placement. In California, this function is filled by a Regional Developmental Center which serves as a liaison to the California Department of Heath to provide a variety of services including assisting the developmentally disabled person to find the needed services in new community placements.

In the next section, the process of designing viable career ladders is discussed.

D. Career Ladders

In earlier sections of this report we referred to the various legislative and court ordered mandates requiring governmental agencies to establish community-based service delivery systems for the developmentally disabled. A variety of state/local agencies share the primary responsibility for making sure that the process of "normalization" or "communitization" happens for the developmentally disabled. One of the keys to the successful development and implementation of these systems is committed, highly skilled well-trained paraprofessional workers who are members of the service delivery team.

In a community-based service delivery system for the developmentally disabled, there are a wide variety of employment and career options for paraprofessionals to choose from (e.g., educational, therapy/health related, advocacy, vocational, parent training, direct care services at home, domiciliary centers and others.) The options are all part of a variety of employment systems -- civil service and other publically funded systems, nonprofit and private. They are funded in a variety of ways - tax levy funds used directly by state and local agencies, contractual agreements for service delivery between governmental and private agencies, grants from federal and state agencies to local agencies, foundations may fund projects, and both CETA employment and training funds may be used.

Paraprofessionals providing some services may be certified or licensed by professional organizations, others are not; there are no national, regional or state-by-state standards for paraprofessionals working in this broad range of programs and services for the developmentally disabled.

Whatever the status of their acceptance by administrators, professionals workers, unions, and the users of the services they provide, few of these workers have access to a system that will insure career development and mobility. Nor are there any systematic and coordinated efforts to design and implement job series that are community-based and client-oriented that will allow a worker to move horizontally or vertically. As we have noted before, the maintenance of a cadre of motivated, highly trained, committed workers is crucial to the delivery of services. One method to insure this is career ladders and lattices that will allow workers to move upward or laterally and across employment system lines without fear of losing benefits.

The purpose of this section is to suggest a series of career ladders that could be implemented or adapted by a variety of employment systems to enable them to meet the human power needs they have.

Designing Career Ladders

The career ladder shows how an employee can be promoted from entry to professional level jobs through structured work

experiences, inservice training and accredited education. Present agency positions for paraprofessionals, professionals, and supervisors may have to be reorganized and new positons created so that realistic routes to new positions can be built.

Career Ladder Worksheet

This basic worksheet is utilized to assist in organizing information which involves various skill levels for the entry, intermediate and advanced positions on the career ladder:

Activities & Conditions from Task Analysis	Approximate Level of Skills Involved	Assigned to Position of
(Assign activities to positions, depending on the complexity of: 1. the conditions 2. the degree of full responsibility for the task (see Criteria) 3. the skills needed to do the activity	(Beginning, Intermediate, Advanced)	(If employees at different levels on the career ladder will perform the same activity at different levels of complexity, show how the responsibilities are assigned. e.g., the activity "REFERS PEOPLE TO PROPER SERVICE" may be assigned to a level I Aide who is only expected to refer people to his/her supervisor and also to Assistant (II) or Associate (III) who may be expected to know where to refer people for appropriate services.

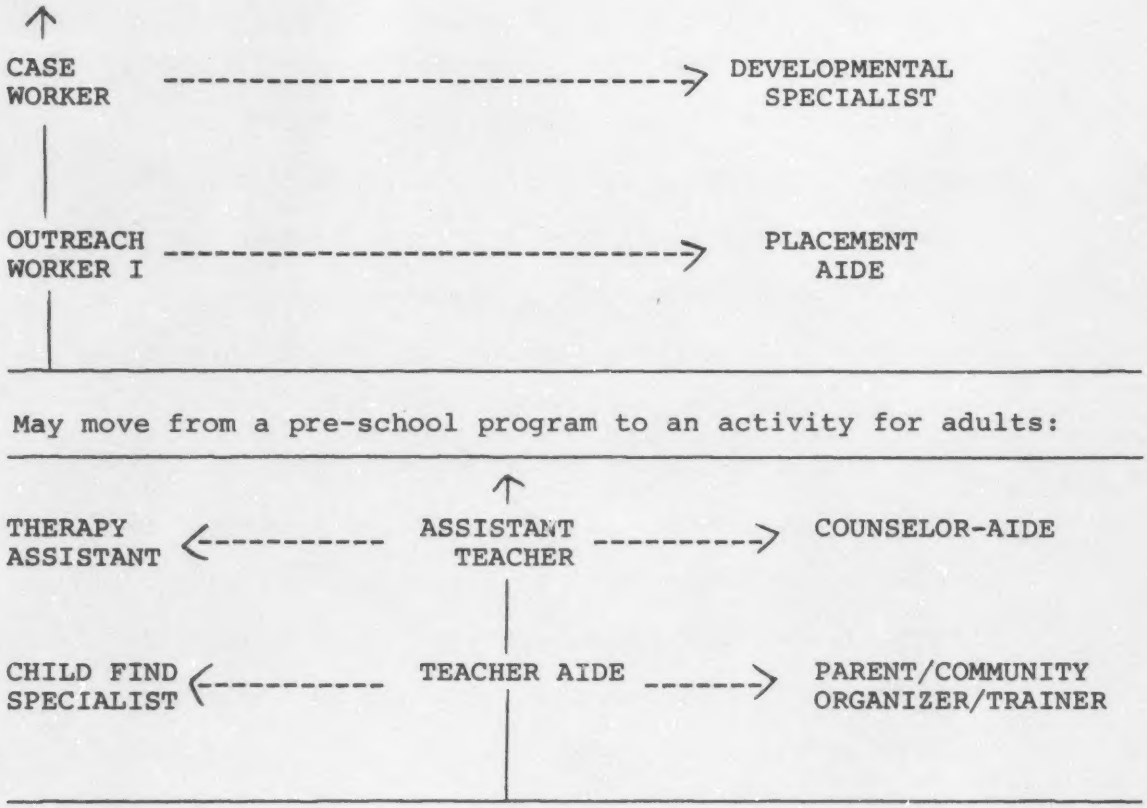
Career Ladders have traditionally been conceived as vertical in nature and have been developed to provide for upward mobility within a specific agency.

Not all career ladders have one route from low to high level positions within a specific agency. There may be horizontal mobility or outward mobility. Outward mobility will require, among other things, effective linkages between the various areas of the employment systems if portability of benefits and credentials is to be assured.

EXAMPLE:

1. "Horizontal" Mobility

A person in an entry position may have very high skills in serving as a bridge between the agency and the people it serves, and may not want to advance to a professional position such as teacher, community organizer, therapist, or social worker. The career ladder system shows ways that a person can acquire more skills at a particular level of responsibility and receive salary increments for this additional work. In small agencies, transfer opportunities should be developed with outside agencies. For example, in a Community Outreach Program or Regional Development Center: aides may move horizontally within the agency or transfer to another agency that delivers similar services. (See Chart on following page.)



The following worksheet is designed to create a ladder of para-professional positions which would provide the time needed by workers to:

-- learn the skills needed to master the assigned activities during inservice training;

-- provide enough work experience and length of service that the employee can perform well at the present job before advancing to a new job with more responsibility and have to learn new skills; and

-- design a program of education which leads to the acquisition of new and/or traditional professional credentials (or ones accepted by all agencies as equivalent qualification).

Time to review basic education skills may be needed by some people in entry positions. Time to prepare for the High School Equivalency Exam may be needed. Paraprofessionals may need a program of two-year college courses for an A.A. degree, a complete four-year B.A. college program, or special professional licensing or graduate courses.

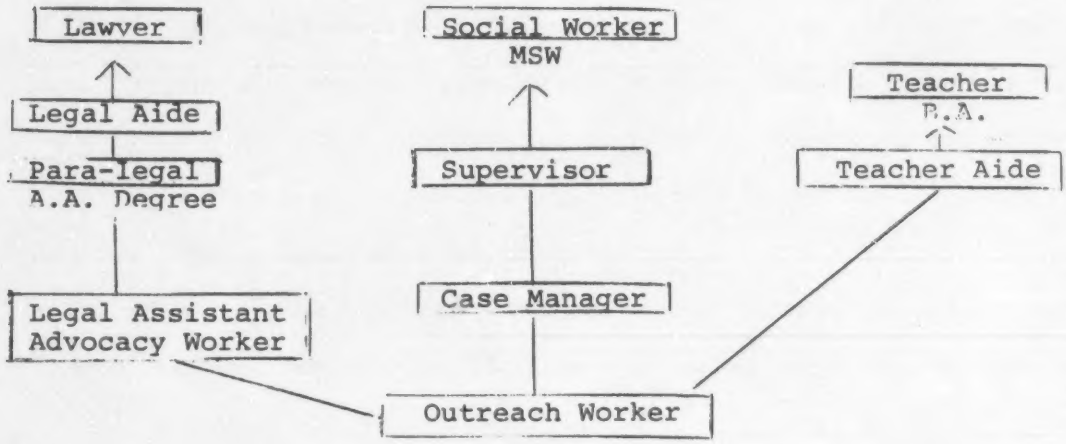
There should be enough positions so that a paraprofessional can advance as he or she acquires new skills and work experience with yearly raises (at least) while taking academic courses required for professional employment in human service agencies in the state, county or city.

Level	Title	Approx. Length of Service	Education and Credentials Offered to Pos.
New and/or Old Professional and Supervisory			
Advanced Paraprofessional			
Intermediate Paraprofessional			
Beginning, Entry Paraprofessional			

2. "Outward" Mobility

A person may begin to work in a career area and, then, through special work assignments, or training and education, transfer to jobs in a related career area. The career ladders for each career area can reflect these options. The jobs may be in the original agency, in another agency that is part of the service delivery system, or in another human services agency.

FOR EXAMPLE:



The skills, work experience, education, degrees, licensing and/or other credentials needed for alternate routes can be built into the career development program for each Outreach Worker including coursework, training, special assignments, and consultation with persons in various career areas.

3. Specifying the Career Ladder

Once the Task Analysis and the Position levels are defined, the information can be organized and appropriately categorized for various career ladders.

In the appendix of this report, career ladders developed by governmental agencies and employment systems, private non profit and quasi governmental agencies are provided. For the most part, these ladders end before the professional level is achieved. In many cases they are agency specific, although the Texas Department of Mental Health and Mental Retardation has developed a career ladder based on Task Analysis for workers in a variety of settings including community-based programs. Michigan is developing a career ladder for paraprofessionals as a part of the statewide training model they are developing.

In addition to the career ladders mentioned above, we have developed a series of model ladders that might be used by a variety of agencies to ensure upward, horizontal and outward mobility while retaining the needed cadre of workers in the various components of the service delivery system.

The purpose of the chart that follows is to show a variety of career ladders that might be used by several agencies or cooperatively by several employment systems to insure both career mobility for workers and the delivery of services for the developmentally disabled.

There are opportunities for vertical, horizontal or outward mobility represented in each of the suggested career ladders. Entry level requirements and needed skills are similar in each of the ladders and it would be possible to create a job series for community-based programs for the steps in each of the ladders if broadbanding or another technique were used to consolidate titles and responsibilities within civil service or other employment systems.

MA Degree	Teachers/ Coordinating Teachers	Social Worker MSW	Lawyer	Therapist	Director Alternative Living/ Group home programs
BA Degree	Instructional Technician	Case Manager	Pre-Law Administration Liaison		Group home Manager
A.A. Degree	Aide II Instructional Assistant	Aide II Outreach Worker	Para-Legal Outreach Worker	Aide II	Aide II Developmental Specialist
High School diploma, or GED	Aide I Program Assistant	Aide I Outreach Aide	Outreach Aide	Aide I	Aide I Direct Care Worker
	(Same Entry Level Requirements)				
Training/ Education	Education	Social Work/ Advocacy	Legal/ Advocacy	Therapy	Management/ Administration Group Home Sheltered Workshop

Career Ladders: Education Options

There are a variety of programs and settings where a person interested in delivering educational services to persons with developmentally disabling handicaps can find employment. These programs may be financed by several funding sources, and they may represent a variety of agencies - the public schools, Head Start, nonprofit or private day care centers, infant stimulation programs, state training schools, and even alternative living facilities. In the Task Analyses we conducted in several centers and programs, we found that persons working in these programs all needed certain generic skills and competencies to work effectively in these programs at the several different levels of a career ladder. Many of the skills needed by para-professionals working in entry level positions are the same as those needed by workers in other agencies and systems.

Career Ladder

Job Title: Program Assistant

Entry Requirement:

Must have high school diploma or GED equivalence, or have worked for at least one year in a program for developmentally disabled; be able to lift or maneuver physically dependent children; and completed pre-service (agency) training program consisting of orientation to disabling conditions, orientation to legal rights of the handicapped, and orientation to agency practices and policies. Will continue inservice training in areas such as crisis intervention, first aid, and safety throughout the year.

Duties:

Assists teachers, instructional technicians, and instructional associates in toileting, feeding, lifting, transporting/transferring students to and from classrooms; is responsible for preparing materials, setting up the classroom, and maintenance of instructional aids and adaptive equipment.

Supervisory Control:

Is directly responsible tc the instructional technician and coordinating teacher for the conduct and implementation of the above activites.

Advancement Criteria:

Advancement tó the position of Instructional Associate (Aide II) is dependent on the following:

-- 1 year of inservice training as set by agency, or 25 hours in academic credit;
-- 1 year supervised experience in classroom for developmentally disabled; and
-- demonstrated commitment, empathy, and expertise in working with developmentally disabled children.

Job Title: Instructional Association: Aide II

Entry Requirements:

Applicant must have at least 1 year of work experience in program for developmentally disabled, and completed inservice training, as required by the agency; or completed an AA degree in training program at community college.

Duties:

-- Assists the instructional technician by reviewing and reinforcing self-help skills, communication skills, motor/ambulatory skills, and pre-academic or academic skills;

-- Assists the instructional technician in a resource room model in the delivery of educational instructional services to handicapped children who have been "mainstreamed;"

-- Designs instructional materials that could be included in particular individual programs for handicapped children. Examples would include games, ditto sheets, stories;

-- Observes and records data;

-- Demonstrates to parents of handicapped children activities that can be done with their children at home;

-- Performs other related duties as required at the request of the instructional technician.

Supervisory Control:

The Instructional Associate is directly responsible to the instructional technician and coordinating teacher for the conduct and implementation of the above activities.

Advancement Criteria:

Advancement to the position of Instructional Technician is dependent on the following:

-- 2 years experience in a classroom for the developmentally disabled, completion of 2 years agency inservice training or completion of A.A. degree or 2 years college work; and demonstrated commitment to working with the developmentally disabled.

Job Title: Instructional Technician

Entry Requirements:

Applicant must have an Associate degree or 2 years of college work and four years work experience in educational programs for the developmentally disabled; or a BA degree in special education.

Duties:

-- The Instructional Technician works and plans jointly with the coordinating teacher; designs and instructs independently but receives technical assistance from the teacher. The technician is responsible for taking part in seminars and special demonstrations that will further the attainment of skills in special education;
-- Plans individual programs for handicapped children specified by the teacher in a particular instructional area;
-- Selects a particular area of the curriculum and assumes responsibility for the instruction of that area to children in the class;
-- Assists the special education teacher in conducting workshops and seminars in special education for regular teachers, parents, and other personnel;
-- Plans and designs the instructional program for children in the class with the special education teacher on a weekly and long-range basis;

-- Demonstrates activities to parents of handicapped children that could be carried out at home;
-- Participates in preparation of IEP;
-- Attends and participates in conference and meetings on progress of individual children; and
-- Delivers instructional services to developmentally disabled children who have been "mainstreamed."

Supervisory Control:

The Instructional Technician is under the direct supervision of the Coordinating Teacher, principal, or director of special education.

Advancement Criteria:

Advancement to the position of Coordinating Teacher - 4 years experience in the classroom, completion of a BA degree in special education, speech, occupational or physical therapy or other related fields.

Job Title: Coordinating Teacher

Entry Requirements:

Applicant must have BA degree with two years experience working with the developmentally disabled or an MA in special education, speech, occupational or physical therapy, or other related fields.

Duties:

-- The coordinating teacher will be responsible for developmentally disabled students in self-contained classrooms, resource rooms, or in "mainstreamed" programs for the handicapped;

-- Be responsible for designing and developing IEPs with parents, instructional technicians, instructional associates, and other ancillary personnel;

-- Will coordinate the activities of the program assistants, instructional associates, and instructional technicians and other staff working with the students assigned to the coordinating teacher;

-- Plan and develop teaching strategies with other educational program personnel;

-- Develcp and maintain a systematic program of home-school liaison and parent training.

Social Work/Legal Career Ladders:

In designing a social work/legal protection and advocacy career ladder for paraprofessional workers and the service delivery systems they work in, we once again used the results of the Task Analyses. The requirements and duties of the first two or three steps for both career areas are very similar, and, therefore, make it possible to illustrate upward, horizontal and outward mobility.

Both of these career ladders could be utilized by a variety of agencies and employment systems (e.g., protection and advocacy, community outreach programs, public schools and other educational programs, and other direct service providers.)

The first steps on both career ladders would have similar job descriptions and require similar training programs. The steps on the career ladder would be:

Job Title: Casework/Outreach Aide

Entry Requirements:

The casework/outreach aide must have a high school diploma or GED equivalent, or have worked for at least one year in program for the developmentally disabled, the ability to plan and organize work effectively, ability to communicate orally and in written form, and completed agency pre-service training consisting of orientation to legal rights of the handicapped and orientation to agency policies and practices.

Duties:

The casework/outreach aide will perform tasks which are related to client needs, but are routine in nature, perform administrative work related to social/legal services and eligibility determination.

FOR EXAMPLE:

-- receive inquiries from clients;
-- provide information and refer problems to caseworker;
-- secure from predetermined sources and verify for accuracy and completeness collateral data used by caseworker;
-- prepare and expedite agency fund forms as directed;
-- maintain the control system for periodic case reviews, e.g., school, medical, and statistical reports;
-- provide information about and escort clients to clinics and other special resources as planned with outreach worker and caseworker;
-- supply needed information to consumers regarding the services and resources of the agency.

Supervisory Control:

The caseworker/outreach aide will work under the supervision of the caseworker.

Advancement Criteria:

Advancement to the position of outreach worker is dependent on the following:

-- two years of inservice training as set by the agency;
-- a high school diploma or GED equivalent;
-- at least two years of supervised experience in the agency or an A.A. degree in social work, paralegal training, or related areas; and
-- demonstrated commitment, empathy and expertise in working with the developmentally disabled.

Job Title: Outreach Worker

Entry Requirements:

The outreach worker should have an A.A. degree, or a high school diploma with at least two years of supervised employment and inservice training in agency for the developmentally disabled and their families or in a related programs.

Duties:

Under supervision, provides clients with supportive and environmental services designed to overcome financial, personal, health, legal or family problems; makes studies to determine financial assistance and services needed; gives agency services when appropriate and refers clients for other services when needed; gives support and encouragement to clients. Services to clients may take the form of protective actions in their behalf, development of resources within the community to meet specific needs, or the delivery of direct services when not available. Examples of duties are:

-- assess problem situations with clients and establish warm empathetic relationships;
-- provide appropriate supports to clients as they increase in independence;
-- help clients solve problems and act independently;

--support clients in conflicts with systems, services, and policies and practices that diminish their rights;

--aid in the development and delivery of service plan; educate clients re their rights;

--obtain consultation in problem situations;

--evaluate approaches taken and results obtained;

--interpret clients to agencies, to the community, and* to the clients themselves in a way which enhances them;

--educate agencies and the community re clients' rights;* and advocate for clients' rights when they are denied;

--collect the necessary data for program evaluation and client eligibility to fulfill SSI requirements, Title XX requirements, and other federal and state program requirements.

Supervisory Control:

Works under supervision of caseworker or unit coordinator. In the social work career ladder the next would be caseworker.

Advancement Criteria:

To advance to the position of caseworker, the outreach worker should have a BA in Social Work or a related field with clinical or direct work experience with the developmentally disabled, be throughly familiar with agency practices and procedures and community resources.

*With thanks to Project Rescue, Atlanta Georgia

Job Title: Caseworker

Entry Requirements:

B.A. in Social Work or related field, work or clinical experience in agency or program for the developmentally disabled.

Duties:

-- Supervise outreach aides and workers;
-- Meet periodically with agency administrators to review and evaluate progress toward achieving agency goals;
-- Review and make recommendations about staff advancement;
-- Be responsible for the development of a service delivery plan for clients;
-- Conduct all duties of the outreach worker.

Advancement Criteria:

To advance to the position of Unit Coordinator, the caseworker should have a B.A. degree in Social Work with three to four years of direct work experience in the agency for the developmentally disabled and their families, be thoroughly familiar with all aspects of the agency goals, programs and practices and be able to supervise all workers in a unit staff.

Job Title: Unit Coordinator

Entry Requirements:

The unit coordinator must have at least a B.A. degree in social work with at least five to six years of supervised work experience in the agency or in related fields.

Duties:

-- Coordinate the activities of the caseworkers, outreach workers, and aides;
-- Assist in planning, coordinating and delivering inservice training to meet the needs of the staff;
-- Evaluate staff members and make recommendations for advancement;
-- Update forms, work procedures;
-- Meet with agency administrators regularly to review and plan for new goals and objectives;
-- Relate at the appropriate level to other service delivery systems and programs.

Advancement Criteria:

To reach the next position of Agency Director or Social Worker would require an MSW.

The Director/Social Worker will serve as a liaison between agencies implementing deinstitutionalization to insure that the needs of the clients moving to the community are met, serve as an advocate in a variety of settings, participate in the formulation of policy, and develop plans for intensive early intervention.

In the Legal Protection and Advocacy segment of the career ladder, the next step on the career ladder following the outreach worker would be to para-legal advocate worker.

In the legal-protection advocacy career ladder the duties of the para-legal advocate worker would be:

-- provide clients with information with regard to due process procedures;
-- accompany and represent them at administrative hearings;
-- collect data and research cases for the legal counsel to the agency;
-- serve as an advocate for rights of the developmentally disabled through memberships on citizen committees at community meetings and with other agencies;
-- relate at the appropriate level to other agencies and institutions;
-- support clients and their families in conflicts with the systems, services and policies that diminish their rights.

Advancement Criteria:

The para-legal worker could continue to advance through a variety of career steps within the several employment systems which provide protection and advocacy services to the developmentally disabled or other clients requiring services through the human services delivery systems. The steps could be similar to those in the social work system - e.g., administrative/managerial or (s)he could choose to become a lawyer by acquiring a B.A. in pre-law or other relevant fields and then a degree in law.

In reality, there are no viable career ladders for those interested in utilizing this method toward becoming a lawyer. And yet, since the mid 1960s, the legal profession has been intertwined with a variety of issues and crucial to ensuring the delivery of services to the developmentally disabled.

The development of viable career ladders to enable a person to become an attorney primarily interested in working with the developmentally disabled and other handicapped individuals would help to provide and assure the number of lawyers needed to provide protection and advocacy services mandated by the courts and legislatures.

In addition to the education, social work, and legal options presented here, planners and implementors should also be aware of the need to provide career advancement opportunities

for paraprofessionals providing direct care services in a variety of domiciliary care centers (e.g., group homes, alternative living centers for the developmentally disabled who are profoundly/multiply handicapped, respite care providers - both in-home and in other settings, homemaker services providing in-home care directly to the developmentally disabled, parent trainers, therapy aides and others, and those in vocational settings (sheltered workshops and other programs).

+ + +

It is relatively easy to design career ladders. The most difficult job is to implement them. This is particularly true for agencies and systems serving the developmentally disabled. As we have noted throughout this report, there are a number of employment systems and funding sources providing services to the developmentally disabled. Personnel in these systems usually communicate with each other at the upper levels of administration and management or again at the actual point of service delivery. Somewhere in between these two levels, communication often breaks down. Implementing new employment systems within bureaucratic systems is a good example of a need for communication and coordination. In order to develop and implement new career systems that will insure the needed skilled and

empathetic workers, and thereby assure the quality of service delivery for the developmentally disabled, a committment must be made by diverse agencies to be involved in the planning and implementation process. Among the groups to be involved are: (1) The Executive branch of the governmental unit (management, budget, and policy representatives); (2) Developmental Disabilities Planning Councils; (3) State Departments of MR/DD; (4) State/Municipal Civil Service Commissions; (5) unions; (6) major private/non-profit service providers; (7) professional organizations and (8) institutions of higher education. Only then will career ladders be designed to meet the needs of community-based programs and insure career mobility for workers.

We have used the Task Analysis system to identify the activities involved and skills necessary to perform direct services work for developmentally disabled persons. From these statements of skills, we have developed a series of career ladders and also suggested other areas that could be explored by those developing delivery systems and career development programs.

We now turn to the development of a curriculum that could be used by a variety of agencies and systems to train para-professional workers.

IV. Training

In the preceding chapter, we outlined the New Careers Training Laboratory Task Analysis System for identifying the activities and skills necessary to function within a job title and to move up a career ladder or across a career lattice. We now move to the discussion of the development of a training model to support and enhance the career ladders.

The NCTL approach to effective training to insure career mobility for employees within a given system combines agency inservice with "academic" college level courses. During inservice training the employees are trained to assume more complex tasks in their field. In the college courses, the employees obtain the theory and methodology to back up their experiences on the job and in inservice training.

The courses should be designed for each job level and planned so they will lead from a mastery of simpler theories to more complex concepts. The academic courses should be planned in a sequence which covers the entire career from entry level positions to positions requiring baccalaureate, masters, or other academic credentials.

Organizing the Education Program

In order to develop a cooperative education program between the service delivery provider and an institution of higher education there are several activities that Task Analysts or program planners should consider when they begin to set up the education program:

1. Make contact with someone in a local college who can help you find out specific information about educational requirements, funds, potential allies, and program options for Career Development Programs;

2. Examine present college courses and find out State matriculation requirements;

   discuss new alternatives such as WAIVERS of entrance qualifications, credit for WORK EXPERIENCE, basic education and high school equivalency courses to make up entrance qualifications after paraprofessionals are enrolled in one or two regular college courses;

   identify course topics which may be relevant to paraprofessionals in several fields of human service so that joint courses can be formed for paraprofessionals in several agencies around a "core curricula" in human services;

   suggest the hiring of paraprofessionals as co-teachers in the college to provide in-depth information to regular students about community structure or the special needs of residents;

3. Find out "What's in it for the college" - with the help of the contact, find out what the Career Development Program can offer the college, such as field placements for regular students, improvements of sociology, education or political science departments through community involvement, public relations, prestige of innovating programs, new funds for innovative programs.

4. Monitor the college courses, helping students gain relevant, high quality instruction and providing tutorials, study groups, supportive services, etc.;

5. Organize with appropriate specialists to plan and implement high school equivalency and other basic education courses;

6. Anticipate and plan for typical pitfalls and problems such as (1) non-credit courses or credits which are not transferable to other colleges; (2) assignment of professors who have no experience in the practical applications of their courses; (3) rigid academic entry requirements; (4) college curricula where field courses ("practicum") are only offered to advanced students; (5) full time equivalency needs for reimbursement.

An inservice training program is developed by and conducted under the supervision of the agency where the trainees are employed. Although the agency may use the resources of trainers, consultants, and contracted training services, inservice training is a part of the trainee's regularly scheduled work week, taught at the job site during regularly scheduled work hours. It is important for the Task Analyst to arrange with the Administration and others to arrive at a policy decision setting time aside each week for the trainees' inservice program.

The inservice training program is developed from the completed Task Analysis Chart(s). It consists of three basic components:

(1) Skills Training

This component of the inservice training program is really the "heart" of the training program. It is designed to teach trainees the basic skills necessary to perform their current jobs well and to teach secondary and other new skills for employees to advance to higher positions within the agency.

(2) Core Skills

This part of the inservice program deals with those skills in basic education necessary to improve the trainees' job performance. It covers the major areas of writing, reading and communication skills and can often be meshed with a GED or high school equivalency program. However, in order for this section to be effective, it is important to design this section around the trainees interests and relevancy to the work performed. This component may also be designed as a "refresher" course to review content learned previously and not much used in the present position or it may be used to train in ancillary job related function or hiw his or her unit of work may be related to other functions and areas of activity within the agency.

(3) System "Know-How" Skills

a. Trainees should have time to learn about the agency

norms, informal and formal politics on how things get done, how to deal with outside or other agencies involved in delivery of services for their program.

b. During this time, trainees can discuss job-related problems, from getting paid on time to how to deal with problems arising between the trainee and the supervisor. This also provides for developing a team feeling among the trainees, helps them to support one another.

In organizing the inservice training program, we have found the steps listed below to be useful:

1. List all of skills for which you will provide training. These skills are derived from the Task Analysis Charts, taken from the columns of PRIMARY and SECONDARY SKILLS. Remember, that you may have previously identified those PRIMARY SKILLS which the agency expects the employee to bring to the job.

2. Sequence the skills you have listed against the criteria of:

   a) proceeding from less complex to more complex skills

   or

   b) determining those skills the employee will need most immediately to perform the assigned job tasks well.

3. Review the identified needed skills and their sequencing with a committee of administrators, supervisors, and employees. This is important for two reasons:

   a) Inservice training should anticipate the actual work needs as indicated by the Task Analysis and as perceived by agency personnel in the realistic terms of "current need" and acknowledged deficiences and weaknesses.

   b) By involving agency personnel across administrative, supervisory, and employee lines you may lesson the impact of resistance to the training program.

4. Develop the inservice training program in a systematic way to reflect the agency objectives and the hoped for outcomes of the training in terms of trainees' achievement and progress and improved agency delivery systems.

The Training Design Format illustrated below was used to organize the training program.

NCTL TRAINING DESIGN

SESSION TOPIC	OBJECTIVES	TECHNIQUES	MATERIALS	EXPECTED OUTCOMES	TRAINER	SUPPORT SERVICES

As noted earlier, the overall training design will include three components - Skills Training, Core Skills, and System Know-How Skills.

The Task Analyst must make some decisions regarding the "training mix" to ensure logical progression of training content, continuity, and job relevance of the inservice training sequence.

In order to meet the needs of several service delivery and employment systems, we have designed a suggested core curriculum that could be utilized by several programs and training models. Session topics derived from the several modules of the curriculum may be used in conducting short term workshops, agency inservice programs, or as part of a coordinated educational effort between service providers and institutions of higher education. The curriculum could be used intact by community colleges to form a nucleus of study for one year certificate programs or two year A.A. degree programs.

In addition to completing requirements set forth in the NCTL core curriculum, trainees who want to receive an A.A. degree must complete requirements specific to each college. Requirements usually include completing at least one semester of psychology and sociology; one year of English, concentrating on report writing and communication; and one year of science, usually biology or anatomy and physiology. One year of mathematics or computer science is often recommended. States have differing requirements concerning courses in history and political science, and the training designer should be aware of those requirements.

Trainees who know the client population with whom they wish to work or the setting in which they wish to work may choose to concentrate their training in a specific area and may elect to take courses to improve specific skills.

After completing the design of the Core Curriculum, we developed one module of the training program to demonstrate the NCTL format for training design. The training design is a systematic method that ensures that training sessions will:

1) have a clearly stated purpose,
2) make use of well-planned techniques and materials, and
3) result in the trainees' comprehension of information or development of new skills that are capable of being demonstrated or measured.

Use of the training design is outlined on the following page.

NCTL TRAINING DESIGN

SESSION TOPIC	OBJECTIVE(S)	TECHNIQUE(S)	MATERIALS	EXPECTED OUTCOMES	TRAINER	SUPPORT SERVICES
A statement of the skills and knowledges to be taught during a given session. SESSION TOPICS are derived from the ACTIVITY column of the TASK ANALYSIS CHART	A statement describing information or skill trainee will learn For example: The trainee will demonstrate his/her ability to effectively manage a group	Action-oriented techniques which involve trainees in discovering principles and trying out skills For example: Discussions; Role Play; Buzz Groups; Film	Aids, materials, and equipment For example: Exercise Sheets; Film - "Maintaining Groups" Projector and Screen; Pointer; Summary Sheets (20)	Criteria for evaluating trainees' performance For example: The trainee will conduct and manage a simulated training group of 7 trainees who will act out 5 predetermined behaviors that are unknown to the trainee for 30 minutes	Person(s) who can most effectively facilitate learning in a particular session For example: person selected from the agency; an IHE; a training agency; the community; or from the group of trainees For example: Ronda Wolfe /substitute Miguel Santo)	Additional services that make it easier for trainees to participate in the training program For example: Babysitting services; Tutorial services provided by community organization "Citizens for Action" Mon. Wed. Fri. 6 - 7:30 P.M.

The next section of this chapter contains the following:

I. An outline of the Core Curriculum for Paraprofessionals in Programs for the Developmentally Disabled:

II. A course Rationale and Description for each of the modules in the curriculum;

III. A design for each session in the module, "Paraprofessionals as Members of the Service Delivery Team"; and

IV. A chart with suggested curriculum/course options for trainees interested in specializing in a particular career area.

CORE CURRICULUM FOR PARAPROFESSIONALS IN PROGRAMS FOR THE DEVELOPMENTALLY DISABLED

I. Insuring Legal and Human Rights

- A. Values clarification
- B. Treatment of developmentally disabled persons: an historical perspective
- C. Handicapism
- D. Normalization
- E. Legal and human rights of the disabled
- F. Federal and state legislation
- G. Advocacy procedures
- H. Human service professions and delivery systems

II. Orientation to Disabling Conditions

- A. Typical cognitive, physical, and psychological growth and development
- B. Defining developmental disabilities
- C. Orientation to the causes, nature, and characteristics of:
  1. Mental Retardation
  2. Auditory impairments
  3. Vision impairments
  4. Neurological impairments
  5. Orthopedic impairments
  6. Learning disabilities
- D. Psychology of exceptional persons
- E. Strengths of disabled persons

III. Paraprofessionals as Members of Service Delivery Teams (with practicum experience)

- A. Effective communication
- B. Team approach
- C. Observing and recording
- D. Assessment techniques
- E. Data collection
- F. Interviewing
- G. Creating individual client plans, such as IEP, IPPs, IRP, etc.
- H. Ethical standards

IV. Task Analysis (with practicum experience)

- A. Task Analysis process
- B. Writing behavioral objectives

C. Behavior influencing techniques
D. Skill development
    1. Motor skills, including section on handling client
    2. Sensory or perceptual skills
    3. Communication skills
    4. Preacademic and academic skills
    5. Vocational skills
    6. Independent living skills
        a. Self-help, e.g., dressing, eating, toileting
        b. Domestic maintenance, e.g., cooking, cleaning, budgeting
        c. Community living, e.g., transportation, recreation
        d. Sexuality, e.g., hygiene, dating, sexual expression

V. Maintaining Safe Environments (with laboratory experience)

A. Crisis intervention
B. American National Red Cross Standard First Aid and Personal Safety
C. American National Red Cross Cardiopulminary Resuscitation
D. Medications
E. Fire Safety
F. Safety in storms
G. Automobile safety

VI. Practicum II and Seminar

I. INSURING LEGAL AND HUMAN RIGHTS

Course Rationale and Description

In this module, trainees will examine their values and learn about the valuation and treatment of developmentally disabled persons throughout history.

The trainee will study the rights of the developmentally disabled and will become familiar with specific federal and state laws enacted to insure those rights as well as the constitutional limitations on their infringement. To better insure the normalization of developmentally disabled persons, trainees will develop skills in advocacy.

The trainee will be come familiar with career options within the human service system and will learn the functions and characteristics of national and local service delivery systems from which information and services may be obtained.

Major Topics

- Values clarification
- Treatment of developmentally disabled persons; an historical perspective
- Handicapism
- Normalization
- Federal and state legislation
- Legal and human rights of the disabled
- Advocacy procedures
- Human service professions and delivery systems

II. ORIENTATION TO HUMAN GROWTH AND DEVELOPMENT AND DISABLING CONDITIONS

Course Description and Rationale

Most people have little experience interacting with persons who have developmental disabilities. People who have little knowledge of disabling conditions often have misunderstandings and fears about the nature of disabilities. Such lack of knowledge and experience is detrimental to the development of programs that allow clients to develop to their potential.

This module will orient the trainee to the causes and characteristics of disabling conditions, including, but not limited to mental retardation, auditory impairments, vision impairments, neurological impairments, orthopedic impairments, and learning disabilities. It is expected that the trainer will modify this list according to the needs of the trainees and the populations of the various agencies and institutions for which persons are being trained.

Trainees will learn predictable patterns and sequences of growth and development of the typical population to provide a foundation for developing programs for disabled persons which foster typical behavior and promote growth and development. Upon completion of this module, the trainee will be able to assess behavior in terms of the developmental process. (S)he will be able to describe the developmental sequences of cognitive, physical, and psychological growth of the typical population and will be able to assess the characteristics of persons with developmental disabilities in relation to those typical sequences.

Field trips will provide trainees opportunities to observe and participate in programs serving the developmentally disabled.

Major Topics

- Typical cognitive, physical, and psychological growth and development
- Defining developmental disabilities
- Orientation to the cause, nature, and characteristics of mental retardation, auditory impairments, vision impairments, neurological impairments, orthopedic impairments, learning disabilities
- Psychology of exceptional persons
- Strengths of exceptional persons

III. PARAPROFESSIONALS AS MEMBERS OF SERVICE DELIVERY TEAMS

Course Description & Rationale

The paraprofessional is an important member of the service delivery team. (S)he contributes to the team: by providing information about individual clients; by helping establish goals for clients and selecting methods of achieving those goals; and by implementing plans to help clients achieve their goals. The ability to communicate effectively and form working relationships are essential to the functioning of all service delivery teams, regardless of work site. This module will orient the trainee to the group process, including communicating systems, individuals roles and tasks, and problem solving techniques. Trainees will develop skills in working with peers, clients, supervisors, and persons from the community to develop, implement, and evaluate individual plans for clients.

Because the paraprofessional spends a large part of the day in direct contact with clients, the paraprofessional may be the first to notice conditions or behaviors that warrant special attention. Training will focus, therefore, on observing objectively, recording information, and collecting data. Trainees will practice these skills in a directed practicum experience.

Major Topics

- Effective Communication
- Team approach
- Observing and recording

- Assessment techniques
- Data collection
- Interviewing
- Creating individual client plans, such as IEPs, IPPs, IRPs, etc.
- Ethical standards

IV. TASK ANALYSIS

Course Description and Rationale

Since the paraprofessional often spends the day implementing individual program plans, it is important for him/her to know how to break down complex tasks and behaviors into incremental steps that the client may more easily accomplish. In this module, the trainee will develop skill in applying the task analysis process to analysing and shaping behavior and to developing curricula that are consistent with the needs and abilities of the client.

The trainee will learn the typical developmental sequences of skills, such as eating and dressing, and specific strategies and techniques to use when teaching disabled persons to develop those skills. The trainee will develop and implement a strategy for teaching a client a specific skill during a directed practicum experience.

Major Topics

- Task analysis
- Writing behavioral objectives
- Behavior influencing techniques
- Skill development: motor skills, including section on handling client
  Sensory or perceptual skills
  Communication skills
  Preacademic and academic skills
  Vocational skills

Independent living skills:
- Self-help, e.g., dressing, eating, toileting
- domestic maintenance, e.g., cooking, cleaning, budgeting
- community living, e.g., transportation, recreation
- sexuality, e.g., hygiene, dating, sexual expression

V. MAINTAINING SAFE ENVIRONMENTS

Course Description and Rationale

Emergencies occur in any setting, and the paraprofessional should be prepared to follow proper procedures in the event of an accident, injury, or sudden illness.

This module will be taught cooperatively with trainers from the American National Red Cross who will certify that trainees have completed the thirty hour American National Red Cross Cardiopulminary Resuscitation course. Upon completing Red Cross training, the paraprofessional will know how to respond to seizures, shock, injury, poisoning, choking, sudden illness, etc., and how to implement rescue breathing and CPR techniques. Trainees will practice these skills in directed laboratory experiences.

In this module, the trainee will also develop skills in administering medications and recognizing negative reactions to medications so that (s)he may be aware of potential hazardous situations.

Major Topics

- Crisis intervention
- American National Red Cross Standard First Aid and Personal Safety course
- American National Red Cross Cardiopulminary Resuscitation course
- Medications
- Fire safety
- Safety in storms
- Automobile safety

VI. PRACTICUM II AND SEMINAR

In the practicum experience, the trainee gains experience in working in a variety of settings and programs with developmentally disabled clients who vary in age and disability. Under supervision, the trainee will practice the skills (s)he developed in the classroom. Through the practicum experience, the trainee will become familiar with the purposes, methods, and problems of various organizations and learn to work within their policies and procedures. The trainee may receive partial practicum credit for work experience.

Trainees will meet weekly as a group to discuss their practicum experiences with a seminar instructor. The instructor will help trainees to integrate their classroom learning and practicum experiences in order to strengthen their ability to work with disabled persons.

Session Designs

A training design should be developed for each session in the module. Each session should be job related and include training in primary and secondary skills, core skills, and system know-how skills. Sessions should be clustered around a central topic and follow a logical sequence. A training design for each session in the "Paraprofessionals as Members of the Service Delivery Team" module follows in the next several pages.

NCTL TRAINING DESIGN

SESSION TOPIC	OBJECTIVE	TECHNIQUES	MATERIALS	EXPECTED OUTCOMES
Effective communication	Trainee will communicate effectively	Structured Experience Role play Lecture Discussion		The trainee will demonstrate an awareness of the communication prccess by evaluating self on messages transmitted by body language, clothing, and voice tone The trainee will demonstrate awareness of the communication process by inter-pretation message implied in his/her language, style, and approach The trainee will clarify his/her purpose for speaking and use techniques appropriate for informing or notifying, seeking information, advise or help, and exchanging ideas Trainee will follow prescribed norms by communicating in sentences that are organized and succinct

NCTL TRAINING DESIGN

SESSION TOPIC	OBJECTIVE	TECHNIQUES	MATERIALS	EXPECTED OUTCOMES
				The trainee will recognize difficulties in communicating with some disabled persons and the techniques to overcome those difficulties.

NCTL TRAINING DESIGN

SESSION TOPIC	OBJECTIVE	TECHNIQUES	MATERIALS	EXPECTED OUTCOMES
Team approach group problem solving	. Trainee will explore effects of cooperation in group problem solving. . Trainee will study how information is shared in task-oriented group. . Trainee will observe emergence of roles in group problem solving.	Instrumented Exercise . Buzz group . Group discussion . Summarization	. A copy of Lutts & Mipps Instruction Forms for each trainee . A set of Lutts & Mipps Information Cards for each group. . A copy of Lutts & Mitts Reaction Form for each trainee. . Paper and pencil for each trainee.	. Trainee will resolve problem by cooperatively sharing information. . Trainee will recognize group members/roles by observing and discussing the participation of group members. . Trainee will generalize experience by listing behaviors that are helpful and those that are a hindrance in solving problems. . Trainee will generalize experience by discussing role of paraprofessional in a service-delivery team.

NCTL TRAINING DESIGN

SESSION TOPIC	OBJECTIVE	TECHNIQUES	MATERIALS	EXPECTED OUTCOMES
Team approach: group decision making	. Trainee will recognize importance of seeking consensus in making group decisions. . Trainee will recognize impact assumptions have on ability to make decisions.	Instrumented Exercise Discussion Summarization	Copy of the ambiguous "story" for each trainee. Copy of statements about the "story" for each trainee. Pencil for each trainee.	. The trainee will help group of 5 persons reach consensus about the validity of 12 statements describing the "story" in 10 minutes. . The trainee will demonstrate an awareness of the assumption (s)he made about the "story" by discussing the information (s)he assumed was included in the "story". . The trainee will demonstrate ability to generalize the "story" experience by writing at least 2 implications for applying knowledge learned about assumptions to actual work situations.

NCTL TRAINING DESIGN

SESSION TOPIC	OBJECTIVE	TECHNIQUES	MATERIALS	EXPECTED OUTCOMES
Team approach: group decision making	. Trainee will recognize effects of hidden agendas on group's ability to make decisions. . Trainee will be aware of process by which a group makes a decision.	Instrumented exercise Observation Group Discussion	Copy of Meeting Problem for each trainee Role Description Sheet, separated into strips & distributed to trainee assigned role to prevent other trainees from knowing "hidden agendas" Copy of Role Play Observation sheet for each role-player observer. Copy of Meeting Process Observation Sheet for each group process observer. Pencil for each observer	. Trainee will participate in group decision making process when each participant has a hidden agenda. . Trainee will recognize effects of hidden agendas on participation in group decision making by observing, analysing, and discussing participants. . techniques for influencing other participants . commitment to group task . commitment to satisfying personal goals . establishment of roles . effectiveness as listeners . willingness to cooperate

NCTL TRAINING DESIGN

SESSION TOPIC	OBJECTIVE	TECHNIQUES	MATERIALS	EXPECTED OUTCOMES
				. Drawing on the role play experience, the trainee will demonstrate awareness of factors influencing the group process by listing and discussing such factors as: . communication skills . patterns of communication . leadership . tone & cohesiveness of group . goals . variables of situation . group development

NCTL TRAINING DESIGN

SESSION TOPIC	OBJECTIVE	TECHNIQUES	MATERIALS	EXPECTED OUTCOMES
Observing and recording: Recording behavior	The trainee will write well organized, objective reports concerning clients' behaviors.	Lecture Discussion Role Play Case Study	Copy of Feedback Exercises for each trainee. Agency Observation Forms	. Trainee will demonstrate ability to recognize statements as being descriptive or evaluative by: . categorizing 20 statements . identifying 12 descriptive statements in paragraphs containing evaluative & descriptive statements. . Trainees will demonstrate ability to accurately report significant events by describing: . the date and time of observation . the setting if not already established . the role of the observer, if not already established

NCTL TRAINING DESIGN

SESSION TOPIC	OBJECTIVE	TECHNIQUES	MATERIALS	EXPECTED OUTCOMES
				. the client's activity objectively . the client, if not already established . objectively observed behavior including frequency . Trainee will demonstrate ability to organize information in logical sequence by writing a descriptive log or report on a client using format established on agency forms or by trainer.

NCTL TRAINING DESIGN

SESSION TOPIC	OBJECTIVE	TECHNIQUES	MATERIALS	EXPECTED OUTCOMES
Observing and Recording: Reporting illness or injury	Trainee will describe and record a client's physical symptoms objectively.	Lecture Discussion Brainstorm Small Group discussion Case Study	Copy of Observable Physical Symptoms for each trainee Copies of Agency Illness and Report Forms for each trainee	. The trainee will categorize 20 physical symptoms as being objective or subjective. . The trainee will define 30 objective physical symptoms by listing in writing their observable characteristics. . The trainee will demonstrate ability to recall information to be recorded for each of 30 symptoms by listing: . whether symptom was observed & reported . duration . amount . appearance . obvious causes . how it occurred . location

NCTL TRAINING DESIGN

SESSION TOPIC	OBJECTIVE	TECHNIQUES	MATERIALS	EXPECTED OUTCOMES
				. The trainee will demonstrate ability to write report of illness or injury by labelling the symptom, listing its observable characteristics, and recalling what information should be recorded. . The trainee will demonstrate familiarity with practices of reporting injury by selecting correct report routing completed report to appropriate person(s).

NCTL TRAINING DESIGN

SESSION TOPIC	OBJECTIVE	TECHNIQUES	MATERIALS	EXPECTED OUTCOMES
Assessment Techniques	Trainee will be familiar with methods of assessment. The trainee will be able to conduct informal assessment and screening.	Lecture Four Step Method	Copies of formal assessment tools for each group of 4 trainees. A copy of the Snellen Test for each pair of trainees A pure tone audiometer for each group of 4 trainees. An audiogram for each trainee Copies of informal assessment tools and instruction for their use for each trainee.	. The trainee will demonstrate understanding of the methods of formal and informal assessment by comparing and contrasting: - who administers assessment; where they are administered; what information the assessments reveal; how the information is used; how often the assessment is conducted. . The trainee will demonstrate ability to apply screening techniques by conducting 3 audiological screenings and 3 vision screenings. . The trainee will demonstrate ability to conduct informal assessment by using prescribed procedures, probes, and reinforcers to assess: motor skills; social skills, cognitive skills

NCTL TRAINING DESIGN

SESSION TOPIC	OBJECTIVE	TECHNIQUES	MATERIALS	EXPECTED OUTCOMES
Data Collection	The trainee will be able to collect and record data.	Four Step Method	2 copies of a placement test, 2 observation forms, and 2 copies of a chart, graph and checklist for each trainee	. The trainee will demonstrate ability to collect data by conducting placement tests and observations to collect baseline, trial and post-test data. . The trainee will demonstrate the ability to record on charts, checklists and graphs, data such as rate, frequency, duration, latency, intensity, number or percentage correct, number or or percentage completed.

NCTL TRAINING DESIGN

SESSION TOPIC	OBJECTIVE	TECHNIQUES	MATERIALS	EXPECTED OUTCOMES
Interviewing	Trainee will demonstrate ability to conduct an interview.	Case Study Discussion Role play	Copy of case study for each trainee.	. Trainee will demonstrate skill in establishing objectives for an interview by determining sequence of topics and mode of introducing each topic and preparing an interview guide. . Trainee will demonstrate ability to open an interview by helping interviewees feel at ease and ready to talk. . Trainee will demonability to maintain rapport with client by: . creating a comfortable environment for the interview

NCTL TRAINING DESIGN

SESSION TOPIC	OBJECTIVE	TECHNIQUES	MATERIALS	EXPECTED OUTCOMES
				. regulating verbal and non-verbal behavior . Adjusting the pace of the interview . Trainee will demonstrate ability to direct the interview using: . indirect leading skills . direct leading skills . focusing skills . questioning skills . Trainee will demonstrate ability to listen by: . attending . paraphrasing . clarifying . checking perceptions

NCTL TRAINING DESIGN

SESSION TOPIC	OBJECTIVE	TECHNIQUES	MATERIALS	EXPECTED OUTCOMES
				. Trainee will demonstrate ability to close interview by leading client to closure and by summarizing . Trainee will demonstrate ability to record information accurately by: . taking notes during interview; . evaluating information received in terms of objectives of the interview; . writing summary report of information received during interview.

NCTL TRAINING DESIGN

SESSION TOPIC	OBJECTIVE	TECHNIQUES	MATERIALS	EXPECTED OUTCOMES
Interviewing: making referrals	. The trainee will be able to make referrals	Four Step Method Case study Role play	Copies of telephone book, directories of social service agencies, agency pamphlets, etc. Copies of Agency referral forms for each trainee	. The trainee will demonstrate ability to locate resources in social service directories, telephone book, by talking with people in the agency, etc., to which a client may be referred. . The trainee will select resources to which clients should be referred by assessing needs of client, eligibility of client, and strengths and weaknesses of resources. . The trainee will demonstrate how to prepare clients for referral by appraising client's needs and readiness for referral, selecting and contacting resource, discussing referral with client and informing parents if client is a minor, maintaining relationship with client until referral is complete and writing necessary reports.

NCTL TRAINING DESIGN

SESSION TOPIC	OBJECTIVE	TECHNIQUES	MATERIALS	EXPECTED OUTCOMES
Creating individualized client plans, such as IEPs, IPPs, IRPs, etc.	. The trainee will demonstrate ability to participate in creating an individualized client plan.	Lecture Case Study Role Play Discussion Summarization	Each trainee should receive Goal Manning with Developmentally Disabled Persons: Procedure for Developing an Individual Client Plan by Peter S. Houts and Robert A. Scott. Chart of individual client planning process Packet of: Agency Referral Forms Assessment forms Parent Interview Forms Notification Forms Individual Implementation forms Authorization forms for Exchange of Confidential Information	. The Trainee will demonstrate ability to collect information on client's needs by: . screening procedures . reviewing client's records . interviewing parents if more information is needed . summarizing the results of screening; review of records; and parent interview . determining if assessment if indicated . conducting assessment . summarizing data

NCTL TRAINING DESIGN

SESSION TOPIC	OBJECTIVE	TECHNIQUES	MATERIALS	EXPECTED OUTCOMES
				. The trainee will demonstrate ability to participate in IPP meeting by: . discussing client's level of performance . writing short & long term behavioral objectives . outlining strategies and materials for attaining goals . determining procedures for evaluating client's progress.

NCTL TRAINING DESIGN

SESSION TOPIC	OBJECTIVE	TECHNIQUES	MATERIALS	EXPECTED OUTCOMES
Ethical Standards	The trainee will behave in accordance with ethical standards of behavior	Lecture Case study	Copy of Practicum Manual for each trainee.	. Trainees will demonstrate acceptance of ethical standards by: . providing appropriate model of behavior for clients . protecting client confidentiality . assuming accountability for client's well-being . remaining objective and fair in dealing with colleagues staff, clients, client's representatives, etc. . The trainee will behave in accordance with rules and procedures applicable to paraprofessional in his/her practicum by: . reporting to practicum site on time

NCTL TRAINING DESIGN

SESSION TOPIC	OBJECTIVE	TECHNIQUES	MATERIALS	EXPECTED OUTCOMES
				. reporting to practicum site appropriately attired and well groomed . maintaining schedule of assigned activities . notifying appropriate person before scheduled starting time of intention to be absent or late . recognizing lines of authority and accountability

This model curriculum has been designed to meet the generic training needs of all direct service personnel no matter what setting or employment system they are working in. By adding a few specific courses it is possible for the employee to gain the skills and competencies needed for a specific career area e.g., special education, para-legals, administrative duties, case managers or domiciliary care. The chart on the following page contins suggested course options for trainees interested in specializing in a particular area.

Optional Courses for Specialization

Courses	Work Settings: Managers & workers in group homes for adults	Managers & workers in Vocational settings	Teachers' aides in programs for the developmentally disabled	Teachers' aides in programs for blind persons	Teachers' aides in programs for deaf persons	Respite & in-home care workers	Recreational aides	Physical Therapy Aides	Occupational Aides
Methods and materials for teaching reading and Math		X	X	X	X				
Nutrition: meal planning, purchasing, and preparation	X					X			
Care and use of audio-visual equipment and office machines			X	X	X		X		
Positioning	X		X			X	X	X	X
Recreation and leisure	X					X	X		
Staff management	X	X					X		
Fiscal management	X					X			
Teaching crafts			X	X	X		X		X
Teaching music			X	X	X				X
Physical Education			X	X	X		X	X	X
Use of adaptive equipment	X	X	X			X	X	X	X
Speech and language development	X	X	X	X	X		X		X
Sign language		X	X		X				
Lipreading and auditory training					X				
Mobility training	X			X	X	X	X	X	X
Perspectives on aging	X	X				X	X	X	X
Brailling				X					

Appendix - Section I - Training Model Descriptions

These brief descriptions of training models is provided as a reference for those interested in establishing training programs for paraprofessionals working with the developmentally disabled.

They are representative of models developed by governmental agencies to train current and new employees, and models developed by institutions of higher education in cooperation with service delivery agencies. They are primarily inservice models and in some cases there are provisions for academic credit. Several of the models were designed to be the basis for career mobility within a civil service system or other funding sources and systems.

The funding for the development of the various models comes from a variety of sources (grants from state developmental disabilities offices, tax levy money, federal agencies and federal funds such as Title XX).

Texas

The Texas Department of Mental Health and Mental Retardation has a grant form the Paraprofessional Branch of the National Institute of Mental Health, DHEW, to develop an in-service training model for direct care workers. These paraprofessionals work in state facilities of the department as well as community-based mental health centers delivering services to both the mentally retarded and those in need of mental health services.

A task analysis was conducted of activities and jobs performed in all three settings--mental health, mental retardation, and community-based programs--by paraprofessional workers. The survey instrument used to conduct the task analysis listed the tasks without regard to setting, position, or level of performance. Once the TA was completed, the 579 tasks were listed in priority order and divided into three categories - entry level, intermediate level, and supervisory level activities.

The TA then was used to develop a core curriculum and specifications for job descriptions. The core curriculum is used to train the direct care workers in skills that are common to all three settings -- mental health, mental retardation, and community based programs.

The Texas State Legislature recently approved a new set of job descriptions for entry level, intermediate, and supervisory positions for the Mental Health/Mental Retardation

workers in all three settings. These specifications form a framework for career ladders based on successful completion of the corresponding levels of the core curriculum, as well as competent performance on the job. They also promote career mobility within the various divisions and programs operated by the State Department.

The core curriculum for the entry level is completed and has been implemented. The intermediate and supervisory level will be completed shortly. In addition to the core curriculum for the MH/MR series, modules for the training of skills that are not generic to all three settings are now being prepared. The development of training modules for direct care workers working with the developmentally disabled in such areas as the blind, deaf, and epilepsy will also be undertaken.

Copies of the outline of the core curriculum for each position on the ladder, as well as job descriptions for each of the titles in the series, follow.

For further information about the task analysis, core curriculum, special modules, and job specifications, contact:

Carl Fairman
Director of Staff Development
Texas Department of Mental Health and
Mental Retardation
Box 12668 Capital Station
Austin, Texas 79711

MENTAL HEALTH/MENTAL RETARDATION - AIDE

Core Curriculum

10000 ADAPTIVE TECHIQUES

- 10100 Basic Emergency Care Skills
  - 10101 Multi-Media First Aid (Red Cross standard program)
  - 10102 Care for Seizure/Convulsive Disorders
  - 10103 Care for the Choking Person
  - 10104 Principles of Cardio-Pulmonary Resuscitation (Heart Association or Red Cross Program)
- 10200 Basic Health Care Skills
  - 10201 Handwashing
  - 10202 Vital Signs
  - 10203 Medication Observations
  - 10204 Collection of Specimens
  - 10205 Blood Pressure
  - 10206 Height and Weight Measurement
- 10300 Basic Personal Care Skills
  - 10301 Oral Care
  - 10302 Care of Nails and Hair
  - 10303 Care of Eyes, Ears and Nose
  - 10304 Toileting
  - 10305 The Balanced Diet
  - 10306 Bathing

20000 MANAGING SKILLS

- 20100 Introduction to Reporting Procedures
  - 20101 Guidelines for Reporting
- 20200 Work Area Management
  - 20201 Introduction to Work Area Management
- 20300 Basic Employee Safety
  - 20301 Body Mechanics
  - 20302 Aggressive/Combative Behavior
  - 20303 Restraint and Seclusion
  - 20304 Disaster Planning

MENTAL HEALTH/MENTAL RETARDATION SERVICES SERIES AIDE

30000 HUMAN NEEDS AND SERVICES

30100 Introduction to Client Rights

30101 Fundamentals of Client Rights
30102 (Further titles here are dependent
30103 upon administrative instruction)
30104

30200 Introduction to Human Growth and Development

30201 Introduction to Human Growth and Development
30202 How People Learn

30300 Introduction to Mental Illness and Mental Retardation

30301 Introduction to Mental Illness
30302 Introduction to Mental Retardation
30303 Introduction to Chemical Dependencies

30400 Introduction to Human Services

30401 Referral, Placement and Admission

30500 Introduction to Human Relationships

30501 Cultural Awareness
30502 The Volunteer

MENTAL HEALTH/MENTAL RETARDATION SERVICES SERIES ASSISTANT

Core Curriculum

10000 ADAPTIVE TECHNIQUES

10600 Working with Clients

10601 Principles of Client Counseling
10602 Developing Client Independence

10700 Client Activities

10701 Supporting Client Activities
10702 Introduction to Organizing Client Activities

20000 MANAGING SKILLS

20600 Problem Oriented Records

20601 Problem Oriented Record System - MH
or
20602 Problem Oriented Record System - MR

20700 Working with Staff

20701 Introduction to Managing Skills

30000 HUMAN NEEDS AND SERVICES

30600 Human Services

30601 State Hospital Programs
30602 State School Programs
30603 Community Services Programs

30700 Introduction to Human Relationships

30701 Utilizing Volunteer Services
30702 Working with Client's Family and Visitors

SPECIALIST I and II Intermediate

Core Curriculum

10000 ADAPTIVE TECHNIQUES

11000 Client

11001 The New Client
11002 Client Sexuality

20000 MANAGING SKILLS

21000 Introduction to Daily Supervision

21001 Introducing the New Employee to the Work Area
21002 How to Train Employees

22000

22001 Interdisciplinary Communication
22002 PORS - MH Team
22003 PORS - MR Team
22004 Organizing Client Activities

30000 HUMAN NEEDS AND SERVICES

31000

31001 Right to Active Programming
31002 Public Responsibility Committee
31003 Volunteer Council

SUPERVISORY I and II Supervisory

Core Curriculum

10000 ADAPTIVE TECHNIQUES

20000 MANAGING SKILLS

21600 Managing Human Resources

- 21601 Interviewing Prospective and New Employees
- 21602 Position Description
- 21603 Performance Standards
- 21604 Performance Evaluation
- 21605 Guiding Employee Growth
- 21606 Redirection of Employee Performance

21700 Techniques of Daily Supervision

- 21701 Regulations Governing Schedules/ Shifts/Patterns
- 21702 Monitoring Performance
- 21703 Inventory Control

30000 HUMAN NEEDS AND SERVICES

31600

- 31601 Problem Solving
- 31602 Matching Needs and Resources

Job Description:

MENTAL HEALTH/MENTAL RETARDATION - AIDE

GENERAL DESCRIPTION

Performs beginning entry level work providing treatment, care and training to mentally ill and/or mentally retarded persons in mental health and/or mental retardation facilities and community centers. Work includes providing emergency, health and personal care services to clients; observing and reporting client conditions and behaviors; interacting with clients in a therapeutically oriented manner and participating in standard, agency approved training programs. Duties are performed under close supervision in strict accordance with established policies, practices and procedures.

EXAMPLES OF WORK PERFORMED

Attends to health and personal care needs of clients such as taking vital signs, collecting specimens, bathing, feeding, oral hygiene, etc.

Trains and/or assists client in dressing, toileting, personal hygiene or other personal care and self-help skills.

Observes client for signs and symptoms of disease, injury, reactions to medications or other conditions which warrant medical attention.

Reports orally or in writing, significant changes in client's physical condition or behavior to insure safety and welfare of client.

Talks with clients to discover and help alleviate matters such as illness, injury, discomfort, or behavior problems.

Administers first aid to clients in case of injury, seizure, illness, or other event requiring immediate attention.

Evacuates clients to designated location or shelter in event of fire, disaster, other emergency situation or drill.

Performs related duties as assigned.

MINIMUM QUALIFICATIONS

Education, Experience and Training

High school graduation, GED, or competency evaluation of experience. Successful completion of probationary period is contingent upon demonstration of competencies required by agency approved, standardized training for MHMR Aide.

Knowledge, Skills and Abilities

Ability to communicate effectively both orally and in writing.

Ability to work cooperatively with other staff members and establish positive relationships with clients.

Ability to learn basic client care techniques and acquire knowledge of treatment, therapy and developmental programs.

Ability to complete prescribed training program to gain work related competencies in the techniques and methods of treatment, therapy or development of mentally ill and/or mentally retarded clients.

Ability to apply generalized training principles regarding the care and treatment of mentally ill and/or mentally retarded clients to specific, real-life situations.

Physical Characteristics and Temperament

Physical condition sufficient to perform required tasks. Temperament suited to work, emotional stability, mature judgement and personal integrity.

Job Description:

MENTAL HEALTH/MENTAL RETARDATION ASSISTANT

GENERAL DESCRIPTION

Performs somewhat complex entry level work in providing direct client care, interaction, and assistance in the development of treatment, care and training programs for mentally ill and/or mentally retarded persons in mental health and/or mental retardation facilities and community centers. Work includes some responsibility for developing client or program progress reports; communicating and interacting with diverse professional disciplines and paraprofessional staff regarding clients and programs; supervising and/or directing clients participating in programs and activities. Duties performed under supervision in accordance with established policies, practices and procedures.

EXAMPLES OF WORK PERFORMED

Reports, orally or by written record, observations of physical, mental and emotional reactions and behaviors of clients.

Develops reports regarding client progress or behavior in treatment or developmental program.

Confers, in a team setting, with paraprofessional staff concerning client's needs, problems or progress in individual plan of program.

Discusses client condition, behavior or level with co-workers or supervisor to develop information for treatment, care or training program.

Works with and assists lower level direct care employees in the implementation of treatment, therapy or developmental programs for clients.

Plans and/or directs staff or clients in procedures to be followed to insure safety and well-being of clients in emergency situations such as fire, accident or disaster.

Plans for, assists, and participates in providing clients with living needs, health care and related activities, such as personal hygiene, feeding, taking vital signs,etc.

Escorts clients to structured or unstructured activities to provide socialization, exercise, recreation, etc.

Escorts and/or drives clients to appointments such as X-ray, clinic, dentist, or other resources or services on or off facility/center grounds.

Performs related duties as assigned.

MINIMUM QUALIFICATIONS (continued)

Education, Experience and Training

High school graduation, GED or competency evaluation of experience plus six (6) months experience as an MHMR Aide or equivalent position plus demonstration of competencies required by agency approved standardized training for MHMR Aide.

Knowledge, Skills and Abilities

Knowledge of causes, symptoms and behaviors of various types of mental illness, mental retardation and/or physical disabilities affecting clients.

Knowledge of basic safety, first aid, health and personal care principles and practices for client care and treatment. Ability to interpret, communicate and carry out written and oral instructions.

Ability to observe and recall behaviors, emotions and physical characteristics of clients; to express thoughts, observations and incidents in a clear, concise and factual manner, both orally and in writing.

Ability to provide specific treatments, therapies and/or developmental programs to clients as directed.

Ability to provide assistance and direction to other staff in the care and treatment of mentally ill and/or mentally retarded clients.

Ability to interact with professional and paraprofessional staff, in a team setting, in order to clarify and develop realistic program goals for clients.

Physical Characteristics and Temperament

Physical condition sufficient to perform required tasks. Temperament suited to work; emotional stability, mature judgement and personal integrity.

Job Description:

MENTAL HEALTH/MENTAL RETARDATION SPECIALIST I

GENERAL DESCRIPTION

Performs varied complex intermediate level work in planning and providing activities, therapies and training or development programs for mentally ill and/or mentally retarded persons in mental health and/or mental retardation facilities and community centers. Work includes reporting client behavior and progress; working with professional and/or paraprofessional staff in the development of therapeutic or developmental programs; observing, supervising and interacting with clients to assist in the achievement of individual latitude for the exercise of independent judgement in conducting client programs in accordance with established policies, practices and procedures.

EXAMPLES OF WORK

Reports information concerning client status, activities, treatments, or programs to other shifts or client care areas to insure continuity and appropriate levels of care.

Relays information between levels of staff, clients and staff, and clients' family and staff.

Discusses client behaviors, status and activities with other levels of staff and disciplines to provide appropriate individual services to client.

Presents client's problems, activities and behaviors at staff meetings in order to assist in development or treatment or developmental plans and objectives.

Assists in providing specialized treatment or developmental activities and programs such as behavior modification, reality orientation, remotivation, activity or recreation therapy programs.

Introduces and explains program activities, staff responsibilities and expected behaviors to client in order to orient client to circumstances and surroundings.

Supervises and/or interacts with clients participating in recreation, socialization, or other activities.

May function in a training or beginning level supervisory capacity in directing subordinate staff in providing direct services, treatment or developmental programs to clients.

Performs related duties as assigned.

MINIMUM QUALIFICATIONS

Knowledge, Experience and Training

High school graduation or GED plus one year experience as an MHMR Assistant or equivalent entry level position plus demonstration of competencies required by agency approved, standardized training and, as appropriate, specialized continuing education for preceding entry levels of MHMR series

OR

successful completion of a postsecondary certificate program in mental health, mental retardation or other human services field as determined by the agency to be appropriate.

Knowledge, Skills and Abilities

Knowledge of procedures and regulations regarding the use of treatment or developmental techniques such as behavior modification, remotivation, reality orientation and other therapies.

Ability to communicate effectively between levels of staff, clients and others in order to successfully obtain and relate information for the development of client centered programs.

Ability to present information to and direct a group or team situation to develop realistic, client oriented programs for development, rehabilitation or treatment.

Ability to implement and conduct programs for clients as directed by professional, supervisor or team.

Ability to establish interpersonal, helping relationships with clients through techniques of openness, empathy, warmth, etc.

Physical Characteristics and Temperament

Physical condition sufficient to perform required tasks.

Temperament suited to work; emotional stability, mature judgement and personal integrity.

Job Description:

MENTAL HEALTH/MENTAL RETARDATION SPECIALIST II

GENERAL DESCRIPTION

Performs complex, difficult intermediate level work in planning, providing and evaluating developmental or therapeutic programs for mentally ill and/or mentally retarded persons in mental health and/or mental retardation facilities and community centers. Work includes developing and implementing, with professional or paraprofessional staff, programs for helping clients meet individual goals; evaluating and, as necessary, revising goals to meet changes in client conditions and/or technology; supervising a small staff to insure that appropriate services are provided to clients. Duties are performed under limited supervision with latitude for the exercise of independent judgement in program development and execution in accordance with established policies, practices and procedures.

EXAMPLES OF WORK PERFORMED

Plans, develops and implements client programs with professional and paraprofessional team members to provide treatment or developmental opportunities to client.

Performs, with other team members, program duties to achieve treatment, care and training objectives with individual or groups of clients.

Maintains notes, records and reports of client behavior, progress and programs to form a factual basis for treatment or developmental programs.

Develops reports to provide staffing team with information necessary for the development, evaluation or revision of client programs.

Performs, directs, and/or supervises direct client care tasks such as first aid, taking vital signs, feeding and other client centered activities.

Provides informal training and/or orientation to subordinate staff to develop new employees' understanding and working knowledge of policies, procedures, duties, responsibilities, and competencies of position.

May assign subordinate direct care staff to special duties or areas for supervision and care of clients.

May assist superior in the evaluation of prospective employees to determine applicant most suited to open position.

Performs related duties as assigned.

MINIMUM QUALIFICATIONS

Education, Experience and Training

High school graduation or GED plus one year of experience as an MHMR Specialist I or equivalent beginning level intermediate position plus demonstration of competencies required by agency approved, standardized training and, as appropriate, specialized continuing education for preceding entry and intermediate levels of the MHMR Series

OR

successful completion of an Associate degree program in mental health, mental retardation or other human service field determined by the agency to be appropriate.

Knowledge, Skills and Abilities

Knowledge of principles and procedures applied to program planning, development and implementation.

Ability to plan and implement specific therapeutic or developmental activities and programs for clients such as recreation activities, self-help or personal care techniques.

Ability to direct or supervise paraprofessional direct care workers in the furnishing of care, therapy or developmental programs to clients.

Ability to perform in a direct care capacity, if necessary, to provide services to clients.

Ability to provide orientation and training to staff regarding clients and responsibilities of position.

Physical Characteristics and Temperament

Physical condition sufficient to perform required tasks.

Temperament suited to work; emotional stability, mature judgement and personal integrity.

Job Description:

MENTAL HEALTH/MENTAL RETARDATION SUPERVISOR I

GENERAL DESCRIPTION

Performs supervisory and evaluative duties in the administration of programs for the treatment and development of mentally ill and/or mentally retarded persons in mental health and/or mental retardation facilities and community centers. Work includes orientation and training of staff in specifics of employment; assigning duties and conducting evaluations of staff performance; counseling and motivating employees regarding job performance and client care; directing or consulting with various levels of staff in the planning and implementation of comprehensive treatment; performing therapeutic or developmental activities or other client services. Duties are performed under direction with wide latitude for the exercise of independent judgement in the direction of staff or programs in accordance with established policies, practices and procedures.

EXAMPLES OF WORK PERFORMED

Identifies, as part of a team or as paraprofessional team leader, program needs, activities and resultant modifications to program required for proper care and treatment of clients.

Performs and directs individuals or groups of assigned staff in providing direct care, treatment and/or developmental activities to clients.

Supervises assigned direct care personnel in dealing with clients or situations.

Observes activities of assigned staff to insure departmental, facility or center policies, procedures or program objectives are carried out.

Examines client records to insure that required notes, reports, charts, etc. are up to date and recorded properly.

Assists with training new employees in job related competencies; procedures, policies, and laws affecting work station; and duties and responsibilities regarding client's programs and schedules.

Arranges work schedules, time off, etc. for assigned staff to insure adequate coverage and client care is provided.

Develops, with subordinate staff, standards for job performance and periodically evaluates performance to determine level of attainment of standards, takes appropriate positive or negative actions as result of performance evaluation.

Counsels employees on job performance, personal problems or careers.

May interview and evaluate applicants for open position to select most qualified for employment.

Performs related duties as assigned.

MINIMUM QUALIFICATIONS

Education, Experience and Training

High school graduation or GED plus one year of experience as an MHMR Specialist II or equivalent intermediate level position plus demonstration of competencies required by agency approved, standardized training and, as appropriate, specialized continuing education for preceding entry and intermediate levels of the MHMR Series.

Knowledge, Skills and Abilities

Knowledge of program planning, development, implementation and evaluation techniques as they relate to client therapy, treatment or developmental activities.

Knowledge of laws, rules and standards which may affect programs or performance of client care activities.

Ability to train direct care workers in competencies required for dealing with clients or case situations.

Ability to observe job performance and supervise direct care staff in dealing with clients or case situations.

Ability to evaluate job performance of subordinates and counsel individuals about deficiencies or problems.

Skill in organization, leadership and coordination of groups or teams.

Physical Characteristics and Temperament

Physical condition sufficient to perform required tasks.

Temperament suited to work; emotional stability, mature judgement and personal integrity.

Job Description:

MENTAL HEALTH/MENTAL RETARDATION SUPERVISOR II

GENERAL DESCRIPTION

Performs advanced supervisory, managerial and administrative duties in the coordination and direction of therapeutic or developmental programs for mentally ill and/or mentally retarded facilities and community centers. Work includes planning, organizing and directing staff to provide services to clients; establishing, monitoring and evaluating staff work procedures and performance standards to insure conformance to policies; directing and arranging employee schedules and training. Duties are performed under general direction with considerable latitude for the exercise of independent judgement in the administration of one or more organizational units in accordance with established policies, practices and procedures.

EXAMPLES OF WORK PERFORMED

Directs activities of paraprofessional team members in the indentification and treatment of client conditions.

Coordinates client therapy, developmental activities and programs between large divisions of staff.

Develops staff work schedules within guidelines of shift patterns to insure adequate coverage of unit or section for client care is provided by staff.

Serves as consultant to other staff regarding the planning, development, implementation and evaluation of services to clients.

Conducts staff meetings to evaluate and update the activities and performance of assigned direct care staff in the provision of services to clients.

Interviews prospective employees and notifies appropriate staff of the applicant selected.

Coordinates training activities between unit and staff development training division; advises subordinate staff of appropriate training needed to advance individual competencies.

Adapts for individual unit use and monitors systems for performance evaluation to insure the process is fair and job related.

Performs related duties as assigned.

MINIMUM QUALIFICATIONS

Education, Experience and Training

High school graduation or GED plus one year of experience as an MHMR Supervisor I or equivalent supervisory level position plus demonstration of of competencies required by agency approved, standardized training and, as appropriate, specialized continuing education for preceding entry, intermediate and supervisory levels of the MHMR Series.

Knowledge, Skills and Abilities

Knowledge of principles and procedures for planning, development, implementation and evaluation of programs for the therapy, treatment or development of clients.

Knowledge of shift schedules and staffing patterns sufficient to schedule coverage of unit by staff.

Knowledge of relationships between staff divisions; ability to coordinate activities to develop optimum working relationships.

Ability to direct, coordinate and consult with other levels and disciplines of staff in a group or team setting in order to develop programs for the treatment, care or development of clients.

Ability to coordinate training activities to advance the competencies of staff in care and treatment of employees. Ability to obtain and relate information in an interview situation to determine applicants most qualified or best suited for employment.

Ability to evaluate and counsel direct care staff regarding their activities or performance in the provision of services to clients.

Physical Characteristics and Temperament

Physical condition sufficient to perform required tasks.

Temperament suited to work; emotional stability, mature judgement and personal integrity.

Indiana

Two different training models are being developed simultaneously in Indiana. They are interrelated and a great deal of consultation occurs between the developers of the two projects. The first, Project ASPIRE, is a statewide model being developed by the Indiana State Department of Mental Health and Mental Retardation/Developmental Disabilities and the Indiana University Developmental Training Center. This project was funded in 1978 by the Paraprofessional Branch of the National Institute for Mental Health, DHEW, to train direct care workers who are currently serving in facilities operated by both divisions of the state agency.

All hospitals in the state system (centers for developmentally disabled persons are still called state hospitals) are responsible for the recruitment and development of the staff working within its geographic jurisdiction. At the present time, Project ASPIRE is developing a core curriculum to expand and enhance a departmental model that is currently in use in a number of facilities throughout the state.

A second model, further along in its development, is being undertaken by the New Castle State Hospital, a Developmental Center, as a means of meeting its staff development responsibilities.

New Castle is a state hospital responsible for administration and coordination of client services within one of the three geographic zones in the state. One of the several stated goals of the hospital is "to become a training center for individuals working in related developmental disability areas." It is intended that the Center will develop a pool of trained personnel, and share resources with other service providers and educational institutions.

The New Castle training model, under development since 1976, consists of several levels of training and has been developed cooperatively with the Indiana Vocational Technical College (I.V. Tech.) in Muncie, Indiana. Beginning in the fall of 1979, direct care workers at New Castle State can choose to receive academic credit for course work offered on the grounds of the Center. If they choose not to enroll for academic credit they receive inservice credit.

The I.V. Tech/New Castle State Program provides instruction for initial employment and the upgrading of entry level personnel. Three levels of programs are available: an occupational certificate - a minimum of 15 credit hours; a technical certificate - a minimum of 45 credit hours; and an Associate in Applied Science Degree - 91 credit hours, including required courses and regional electives.

In addition to offering the courses at the New Castle facility, I.V. Tech. also is offering the program on campus in Muncie and in other cities in the region it serves to persons

working in community-based human services programs.

One final note, discussions are underway between New Castle and Ball State University, a four year IHE in Muncie, to develop a working relationship to provide credit for the training under way.

For information about the development of Project ASPIRE, contact:

Richard White
Indiana University/Development Training Center
2853 E. 10th Street
Bloomington, Indiana 47401

For information about the New Castle State/I.V. Tech. Program, contact:

Shirley Miller Higgins, Director
Staff Development and Training
New Castle State Hospital
New Castle, Indiana 47362

Michigan

Since the mid 1960's, Michigan has been in the process of developing and implemeting a variety of community-based programs for the developmentally disabled. These programs have been educational, vocational, recreational and residential, provided parent training and early intervention and diagnostic services. They are provided by state, regional, and local governmental/ educational agencies, as well as by non-profit and advocacy groups.

The Michigan state legislation mandating a free appropriate education for all handicapped children was a precursor of P.L. 94-142. The public schools serve developmentally disabled children and adults from birth through 25 years of age; and they provide many of the services listed above. In addition, the Michigan State Department of Mental Health provides residential care facilities and some educational services at 12 developmental centers throughout the state; smaller alternative intermediate care facilities are now under construction. Case management and life consultation programs are provided through community mental health facilities. Finally, day care programs, sheltered workshops, and group home facilities are operated by many community-based advocacy groups.

The Michigan State Department for Mental Health is developing a training model to (re)train direct care workers

currently employed in the state developmental centers. The training model/curriculum is linked into the promotional system. A worker can choose to enter the system through the direct care/ supervisory route or may choose to enter a career ladder as a trainer in the training model. This is a new career ladder that has just been approved by the Michigan State Civil Service Agency. The final regulations are now being developed.

The training model is viewed as an instrument to insure the retention of workers and to build the capacity of the civil service system to provide the needed workers.

The Michigan Curriculum consists of four phases:

Phase I is the basic core curriculum of 120 hours for entry level workers and consists of courses on philosophy, behavioral mangement, physical management, sexual and health care, and the development of observational skills.

Phase II is 290 hours of on the job training to develop competencies and skills needed for service delivery to the residents.

Phase III is 80 hours of training related directly to each facility.

Phase IV will include academic credit and is now being worked out with the institutions of higher education within the state.

At the same time, the training model and career ladders are being developed by the state service delivery agency, the State Planning Council for Developmental Disabilities has undertaken a "special emphasis" project which will determine where personnel resource gaps exist, what tasks must be accomplished by the missing personnel resources, how gaps can be narrowed (both long and short range), and the implication of career ladders/lattice programs.

The objectives of the project are to: 1) describe personnel resources currently available within the public mental health system, 2) judge the availability of personnel as compared to needs (needs are being defined by tasks which should be performed rather than titles or professions), 3) evaluate the adequacy of training programs, and 4) bring about a better understanding of linkages between the various service providers through improved data.

A position paper, Personnel Resource Development: Assessing the Adequacy of Training Plans and Programs, was completed in April of 1979.

For information on the training model and career ladders, contact:

Harvey Day
Michigan Department of Mental Health
Lewis Cass Building
Lansing, Michigan 48926

For information on the activities being conducted by the State Planning Council, contact:

Jerry Vincent
Michigan Department of Mental Health
Lewis Cass Building
Lansing, Michigan 48926

New York State

For the past decade the fundamental policy of the New York State Office of Mental Retardation and Developmental Disabilities (OMRDD) has been deinstitutionalization. During the last few years, there has been an even greater impetus toward deinstitutionalization brought about as a result of the "Willowbrook Consent Decree" in 1975, other court decisions, and legislative mandates.

One of the major areas of concern of OMRDD and its predecessor, the Department of Mental Health and Mental Retardation, has been to insure the continuation of employment for employees working in institutional facilities. Two events have occurred within the past year in New York State which address this issue. The first was a joint study undertaken by the State Department of Mental Health, OMRDD, and the Civil Service Employees Association concerned with Continuity of Employment. The second was a policy directive issued by the Governor, pledging "to take immediate and ongoing steps to expand existing opportunities and to open new training, retraining and job series options and incentives for the State work force." In addition, the governor pledged that "special attention shall be given to the development of community oriented job series that build on the skills and experiences of the existing institutional work force."

In order to meet the goals and objectives as determined by the Continuity of Employment Commission and the Governor's policy statement, as well as to meet its own humanpower and training needs, OMRDD is expanding their present training programs to adequately prepare personnel who staff community residences. Personnel who will receive training will be the direct care providers either working in state operated community residences or with private/voluntary agencies contracting with OMRDD. This effort is being directed through a Title XX contract with the New York State Department of Social Services and is administered by the OMRDD Bureau of Staff Development and Training.

Training will be statewide, designed according to a competency based curriculum and developed to accomodate the various training levels of the personnel.

Preliminary training efforts:

- will prepare staff in the techniques and skills needed to evaluate clients who have moved from developmental centers into community residences, their own homes or other alternative residences. The audiences for the ongoing training programs:
- are direct care staff who have been working in developmental centers and who are to be reassigned to community programs or facilities, and
- are staff employed by OMRDD contract agencies already serving clients in community living arrangements.

The training will utilize the instructional resources of OMRDD Staff Development and Training personnel and when appropriate outside experts, the instructional staff of community colleges, four year colleges and/or universities. This unification of curriculum development and materials linked with individual and educational experts is designed to economize resources, maximize products and eliminate duplication of effort. The major goal is to establish a comprehensive network of training programs specifically designed for community-based direct care staff.

The implementation of the training programs and activities will vary by audience and methodology. For example, training in the Developmental Disabilities Information System will consist of single sessions of seven and one half hours duration for approximately twenty-five community-based direct care staff per session. The instruction will be provided by Title XX project staff. Community training will vary from single session workshops to regional seminars, home-study programs, to instruction using technological aids. Instruction will be coordinated and delivered utilizing a combination of OMRDD personnel, experts, and/or selected educational institution staff.

The project is funded with state agency training funds and Title XX funds.

For information about the design and development of this model, contact:

Richard Johnson
Director of Staff Development
and Training
Office of Mental Retardation
and Developmental Disabilities
44 Holland Avenue
Albany, New York 12229

Oregon

The Teaching Research Community-Based Training Program is a practicum oriented inservice training program for group home staff. The program is funded by the Department of Health, Education and Welfare, Region X, Developmental Disabilities Office and is administered by Teaching Research, a Division of the Oregon State System of Higher Education, Monmouth, Oregon. Training is offered to persons employed in group homes in Region X, including Alaska, Idaho, Washington, and Oregon.

Training is conducted once each month for five consecutive days at a group home for persons with developmental disabilities, located in Corvallis, Oregon. In order to receive training for its employees, each facility requesting training must send an administrator and a direct service person. If the two persons are unable to attend the same week of training, the administrator is asked to attend the training program first. Training materials and follow-up visits are provided without charge, and stipends for travel, meals, and lodging, are available.

The training staff helps each trainee learn and practice the skills necessary to assume the roles of support worker, skill trainer, and supervisor. The responsibilities for each of the basic service and staff roles are:

Support Worker

a. Supervise residents

b. Provide supportive services to residents

c. Provide informal training

d. Provide formal training as assigned

e. Manage house

Skill Trainer

a. Provide supportive services to residents in emergency

b. Provide informal training to residents

c. Provide formal training to residents as assigned

d. Update training plans and programs

e. Design training materials and programs

Supervisor

a. Provide supportive services to residents

b. Provide informal training to residents

c. Design training plans

d. Design training materials and programs

e. Supervise and train support workers and residential program coordinators

f. Hold staff meetings

g. Assure that each resident's training and supportive service needs are adequately met

h. Develop training and supportive service procedures

i. Coordinate with families, advocates and other agencies relative to individual resident matters

j. Recruit, schedule and train volunteers

Objectives for training are contained in a training manual developed by the Teaching Research Staff. During training, the trainees must: (a) define behavioral terms used in group homes, (b) demonstrate the ability to assess a resident in basic skill areas using skill research, (c) demonstrate the ability to conduct formal training programs with residents in the curricula areas of independent living skills, (d) demonstrate the ability to update a resident's formal training program based on data collected during instruction sessions, (e) demonstrate the ability to conduct informal training with the residents, (f) design an intervention program to remediate an inappropriate behavior, and (g) demonstrate an ability to use the form designed to observe formal training.

Activities to help trainees meet the objective include: seminars, role play, observation, hands-on experience, giving and receiving feedback, and directed reading. All of the activities are included in a typical day of training. Residents of the group home volunteer to participate in training sessions. Each resident who participates receives a nominal fee.

Each facility represented in training receives two days of follow-up training. Project staff travel to each site six weeks after the one-week training session and again six weeks after the first site visit to aid in implementing the model.

Pennsylvania

The Developmental Disabilities Center at Temple University in Philadelphia is designing and developing a competency-based model to train personnel to work as direct care providers in alternative living arrangements (ALA) for the developmentally disabled. The project is supported in part by a grant from the Pennsylvania Developmental Disabilities Planning Council.

The project is seen as an initial step in providing pre-service training to individuals interested in pursuing careers in the provision of community-based residential services to developmentally disabled persons. The project has three major objectives: 1) to conduct a comprehensive inventory of existing ALA training resources provided by the Commonwealth of Pennsylvania's post-secondary schools and state departments, as well as a national review of existing training programs and curriculum resources; 2) to develop a curricular model preparing preservice personnel to become direct service ALA personnel, and 3) to develop an implementation strategy for disseminating the preservice ALA curricular model within the Commonwealth's system of higher education.

The curriculum being developed is competency-based, and will utilize both preservice and continuing education approaches to training.

Competencies were identified via expert opinion, by studying existing curricula, and by examining competencies delineated by other related human service disciplines as follows:

Expert Opinion. A twelve member advisory committee, comprised of individuals from among private and public community-based alternative living service providers, developmental disabilities consumer and advocacy groups, state and county administrators, and developmental disabilities experts from colleges and universities, defined the function and role of direct service personnel in ALA settings.

Existing Curricular Resources. An extensive literature review utilizing both computer assisted and hand searching of the literature was conducted. In addition, a comprehensive statewide survey was conducted within Pennsylvania among community service agencies, state departments, and liberal arts colleges and universities in order to identify ALA training resources available within Pennsylvania. Extensive efforts also have been made to identify national ALA curricular resources which have included surveys of state mental retardation administrators and university affiliated programs. The resource materials which have been identified are used as a basis to generate competencies needed by ALA direct service staff.

Related Areas. Competency-based training programs in fields related to ALA services were investigated. Competencies identified in these areas (e.g., special education, day care, social work) were drawn upon to provide suggestions for comparable competencies for ALA service providers. Methods used by these programs to assess and evaluate the attainment of competencies were also obtained and adapted for inclusion in the present model.

The curricular model has been targeted for the preservice training of ALA direct service personnel. However, parts of the package may be useful in the preservice and/or inservice preparation of other human service professionals, e.g., special educators, social workers, lawyers, child care specialists, as well as local, county, and state personnel involved with mental retardation service delivery. It is expected that the curriculum will also meet the needs of existing institutional staff who need retraining prior to transfer to community-based service.

For further information, contact:

Joseph Fiorelli
Community-Based Services Training Coordinator
Developmental Disabilities Center
Temple University
Philadelphia, PA 19122

South Dakota

The Center for the Developmentally Disabled at the University of South Dakota has developed a comprehensive model for inservice training of staff working in community-based facilities serving the developmentally disabled. The South Dakota program is based on a proactive model which stresses holistic programming as opposed to teaching staff specific techniques to deal with specific client deficits. It was developed with and then revised based on feedback from the staff of federal, state, and private agencies directly involved in serving developmentally disabled persons. A training institute advisory committee has been established formally to aid in providing coordinated training for member agencies. Member agencies include the state offices of Developmental Disabilities, Vocational Rehabilitation, Health, Human Development, Staff Development, Special Education and representatives from various provider groups.

The curriculum is comprised of seven modules which are broken down into instructional units. (A copy of the modules is attached.) A program of technical assistance has been developed to aid the agencies to implement the modules.

In addition to the development of the training curriculum, techniques for training, and multiple evaluation procedures, the model includes a plan to develop and implement a direct service profession via an integrated career ladder and pre-service training program. It is one of the few models developed by an IHE to do so. In order to develop the suggested

career ladder and preservice component of the model, a suggested program of interagency coordination has been developed between the following governmental agencies, educational institutions and unions -- State Office of Developmental Disabilities, administrative staff of other state agencies serving the developmentally disabled, labor unions, the state civil service staff, two and four year institutions of higher education services, CETA, and federal and state job service.

For further information, contact:

Jon P. Ziarnik, Ph.D. Director
Division of Training
Center for the Developmentally Disabled
University of South Dakota
Vermillion, South Dakota 57069

TRAINING CONTENT: EMPHASIZING APPLIED SKILLS

The South Dakota Comprehensive Staff Training Model curriculum is comprised of modules which are broken down into instructional units. These include:

Module I. Developmental Disabilities

A. Introduction to Developmental Disabilities
B. Legislation and Service Delivery System
C. Continuum of ATC/CLF Services in South Dakota
D. Legal and Ethical Issues
E. Adaptive Behavior

Module II. Philosophy of Community Programming

A. Normalization/Developmental Model
B. Labeling
C. Normalization
D. Program Self Evaluation and Planning in Normalization
E. Obstacles to Vocational Normalization

Module III. Planning Community Programming

A. Individual Plans
B. Assessment
C. Prioritizing
D. Goal Planning - Long/Short Term Objectives
E. Goal Planning Simulator
F. Communication Exercise
G. Observe, Critique Goal Planning/Staffing

Module IV. Organizational Issues

A. Case Management
B. Model Filing System
C. Program Information System
D. Instructor's Manual
E. Maintaining Staff Behavior

Module V. Measurement of Behavior

A. Measurement - Observing, Recording, Graphing
B. Behavioral Assessment and Graphing

Module VI. Behavioral Programming

A. Behavioral Principles
B. Task Analysis
C. Pro-Active Programming
D. Strategy for Program Development
E. Excessive Behaviors
F. Vocational Program Strategies
G. Social Skills Training
H. Trouble-Shooting Behavior Program Difficulties
I. Maintenance and Generalization of Behavior Change
J. Psychotropic Medications
K. Programmer as Learner
L. Observe, Critique ATC/CLF Programming

Module VII. Curriculum Design

A. Sex Education
B. Utilization of Leisure Time
C. Job Analysis and Work Sample Development
D. Life Skills
E. Motor Development
F. I CAN Program Summary

Nebraska

The Nebraska Retardation Panel, formed to comply with the requirements of the Consent Agreement in Horacek v Exon, appointed a Task Force on Manpower Development on Sept. 6, 1978, to develop a statewide humanpower training model for persons working in community based programs for the mentally retarded. The proposed model includes: (a) five levels of training; (b) a minimum of one year of college training required for care staff; (c) establishment of cooperative curricula between the community colleges and other colleges and universities; (d) establishment of appropriate salary levels for positions which require one or two-year college programs; (e) statewide credentialing, including utilization of appropriate existing systems.

These proposed five levels of training form the basis of a career ladder. Functions, competencies, and personal characteristics of staff to be employed at each level are outlined. Admission requirements, curriculum, and the agencies responsible for training also are included. The career ladder system has been adapted on a voluntary basis by a few school districts and mental retardation service units.

The following chart summarizes the model developed by the Task Force.

MANPOWER MODEL SUMMARY

LEVELS	STAFF	CONTENT	RESPONSIBILITY	INSERVICE TRAINING
A.	Support staff Generic agency staff Community professionals	in depth orientation	M.R. agency	Continuing orientation Special needs
I.	Aides (1 year college)	Applied service philosophy Care techniques	College - M.R. agency	Skills review New developments
II.	Technicians (2 years college)	Relevant basic disciplinary courses Individual programming Service philosophy concepts	College - M.R. agency	Areas of specialization Skills review New developments
III.	Professionals (1 year college)	Basic professional education Basic competency development Service philosophy--theory and trends	College and University	Supervision Legal developments Planning and evaluation New developments
IV.	Managing or Teaching Professionals (Graduate education)	Advanced Professional education Management	Graduate School	Research topics External conferences

Uniform standards for academic work and for practicum experience are being written for each level of training. Uniformity would insure quality of training and transfer of credit. It would also allow the trainee to move from one job to another in the same category throughout the state system of community based program.

The community college, a principle resource of the humanpower development model, has major responsibility for training paraprofessionals. The Director of the Human Service Technician Program of Meyer Childrens Rehabilitation Institute at the University of Nebraska (MCRI) is ccordinating the resources of community colleges with those of the four year institutions of higher education and community based agencies providing services.

After discussions with representatives from area four-year colleges and community agencies to shape course content, a modular curriculum and related materials for community colleges training human service technicians was developed, and instructors trained in how to use the modules. The modules were developed for use in the classroom or by an individual studying independently. They are packaged for easy shipping to the more remote areas of the state. A module on positioning, containing a video tape and manual, is currently available, and others are being developed. Transfer of credit from community colleges to four-year colleges has been negotiated successfully for those completing the human service technician program. In addition, agencies providing practicum training and evaluation to students

enrolled in community college programs may call on MCRI and representatives of the community colleges to provide inservice training.

The MCRI/Community College model is shown on the following charts and reflects the five levels of training suggested by the Task Force on Manpower Development.

For further information on all aspects of the Nebraska model, contact:

Karen Faison
Meyer Childrens' Rehabilitation Institute
University of Nebraska
444 South Street
Omaha, Nebraska 68131

The Recommended Five Levels of Training

MCRI/Community College Model

Level	Positions	Preservice Curriculum	Inservice Curriculum
I	Contract Procurement Specialist Food Service Worker Fiscal-Financial Management Positioning Equipment Specialist Secretarial Staff Police Parents Volunteers (Employees in these positions will be trained through the agency)		Philosophy of human services Human and legal rights Introduction to mental retardation and related disabilities First aid and CPR Structure and organization of the serviced agency Agency policies Introduction to human development Overview of the individual program plan
II	<u>Aides or Associates</u> Child Care Recreation Residential Vocational (Employees in these positions will be trained through the college and agency)	General Education Human Development Learning Behavior Management Human Relations First Aid (American Red Cross Course) Basic Human and Legal Rights Social Care and Daily Programming Recreation and Leisure: Applied Activities Health Maintenance and Basic Pharmacology Philosophy of Mental Retardation Services Idealogy (Normalization) Observation and Communication	Behavior management (data collection) Human development (use of agency assessment tools) Individual program plan Medication administration (to include agency policies)

Level	Positions	Preservice Curriculum	Inservice Curriculum
III	Direct Care Assistant Production and Work Station Managers Residential or Assistant Residential Staff Respite Care Staff Adult Family Home Provider Foster Care Provider Guardian or Parents of Clients living at home (Employees in these positions will be trained through the college and agency)	General Education Human Development Group Theory and Methods Abnormal Psychology Physiology and Maintenance of Physical Health Recreation and Leisure Observation and Report Writing Data Collection and Baselining Rehabilitation Strategies Learning Theory Social Psychology Educational Theory and Method Advanced Ideology (Normalization) Group Dynamics and Interpersonal Relationships Staff - "Parent" Relationships Multiply-Handicapped Teaching Strategies Daily Programming and Behavior Management	Advanced session on philosophy and ideology of normalization Advanced behavior management Understanding and using the transdisciplinary assessments Effects and uses of common drugs Problem solving for client programs Human relations Advanced human and legal rights Advanced human development

Level	Position	Preservice Curriculum	Inservice Curriculum
IV	Administrative Assistant Employment or Job Placement Specialist Instructor-Vocational Occupational Therapist Physical Therapist Psychologist Public Educator Recreation Director Social Services Worker Supervisory Staff - (i.e., as Workshop Director, Program Specialist, Residential Director) Speech Pathologist, Clinician and/or Therapist Specialized Residential Staff Staff Training and Development Personnel Teacher (Children's) Vocational Evaluator (Employees in these positions will be trained through the university, college or agency)	Psychology Speech Pathology Special Education Public Administration Physical Therapy Human Growth and Development Introduction to Developmental Disabilities Sociology Ethics and Morality of Program Methods Theoretical and Practical Utilization of Art Media as a Remotivational System Theoretical and Practical Utilization of Domestic Science Skills "Parent" Teaching Approaches "Trends in Legal Problems with the Handicapped"	Supervisory training Agency policies, forms and practices including staff evaluations, hiring, disciplinary actions, budgeting, etc. Evaluation of client program data Supervisory human relations Time management Planning and Evaluation at the program or agency level Ethics involved in program provision and in supervision of staff Legal trends related to persons with handicap

Level	Position	Preservice Curriculum	Inservice Curriculum
V	Lower Middle Management (i.e., program coordinators, staff training director) Executive Director Upper Middle Management (i.e., area directors) (Employees in these positions will be trained through the university graduate school or agency)	The curriculum would be similar to that of Level III, except that the student would specialize more intensively in those areas related directly to his/her experience and interests.	Readings on current research External workshops and conferences

Utah

In addition to the programs and agencies we visited to conduct the TA for the project, we also looked for programs that are developing unique, interesting service delivery systems for the developmentally disabled. We found one such project in Utah, The Cooperative Extension Project for the Handicapped (CEPH).

The CEPH project is being developed and sponsored by the University Extension Services and the Utah State University Affiliated Exceptional Child Center. Paraprofessionals are utilized in several aspects of the program including paras working at the Exceptional Child Center, as Extension Service personnel, 4-H workers, and in other settings.

Most handicapped persons and their families in Utah are served by a variety of human services agencies and institutions. Some, however, need extra help in dealing with difficult home-based problems, such as skill training, behavior control, motor development, employment. It is these types of situations that the CEPH Project has been designed to handle.

Several services are available through CEPH that are not available through other state and local agencies. Some of the services are: (1) direct services delivered in the home which are intended to meet specific and personnel needs, such as teaching a child self-help skills and helping the family members to teach these skills to the developmentally disabled person; (2) coordination of services which are available and needed by

the client but which otherwise are not effectively provided; (3) professional and paraprofessional training services which are provided to Extension personnel (home economists, 4-H workers, youth development personnel) and others which will provide them with the skills they need to teach and/or train the handicapped in the home; and (4) informational and other support services which are available through the Exceptional Child Center at Utah State.

This variety of services is provided by a person known as a Cooperative Extension Agent/Staff Assistant for the Handicapped. The services provided by CEPH are home-based and are not constrained by age, income levels, handicapping conditions, or geographic location. The CEPH does not duplicate services of other community services agencies. In fact, over 80% of those served by CEPH are referred by existing community services agencies including Vocational Rehabilitation, Public Health, Divisions of Family Services, and public services.

This project is funded by a variety of sources. They include the United States Department of Agriculture, the Utah State Legislature, CETA, the Extension Office at Utah State Extension Office, and the Exceptional Child Center at Utah State. A description of the design, development, and implementation of the project is in preparation and may be obtained by contacting:

Glenn Latham
Director, CEPH
Exceptional Child Center
UMC 68
Utah State University
Logan, Utah 84322

Arkansas

The Arkansas Department of Mental Retardation Developmental Disabilities Service, Staff Development has developed an inservice training model cooperatively with the University of Central Arkansas, the University of Arkansas, and Arkansas State University to train both professional and paraprofessional staff working in community-based programs for the developmentally disabled. In addition, the agency also has an inservice model to (re)train paraprofessional employees working in institutional facilities.

Each of the three universitites are responsible for the training of paraprofessionals working in community-based programs. The training models are each different and will be evaluated by the state agencies and the universities to determine which method is the most effective. The training is funded by Title XX training funds. Academic credit is offered at both the undergraduate and graduate level by all three universities.

The three approaches are:

I. The University of Arkansas is utilizing a team approach. The lead instructor from the University goes into a community-based program and develops an IEP for each of the employees in the agency. Training is then conducted on site by a training team and is provided to the employee based on the needs as developed by the IEP. Members of the team may be nurses, occupational, speech and physical therapists, educational and recreational specialists, in addition to the instructo

II. The University of Central Arkansas has designed a developmental model to train employees working in early childhood programs. The training is done in a central location rather than on-site.

III. The model developed by Arkansas State University provides intensive weeklong training workshops through its division of continuing education to persons from throughout the state.

IV. Continuing Education Units are available to the Employees working in institutions and trained by the state agency inservice model. Promotions are tied to training for these employees and each employee is required to receive 25 hours of inservice per year. There is a career ladder in effect for these employees. It is now being expanded and updated to include a broader range of workers.

For information about the core curriculum developed by the state agency and the models developed by the three universities, contact:

Dr. Ada Thompson
Mental Retardation-Developmentatal Disabilities Services
7th and Main
Little Rock, Arkansas 72201

Appendix - Section II

In order to conduct the necessary task analyses to develop both the career ladders and training model, we made visits in several states at multiple sites. Another purpose of the visits was to determine the type of community-based facilities for the developmentally disabled which would be most likely to utilize paraprofessionals who had previously been employed in institutional settings. By comparing and contrasting positions in the different environments (institutional and community based), it is possible to determine training and (re)training programs for those persons whose positions may be eliminated as institutional populations are reduced.

The examples included in this section are representative of the many programs and settings we visited. They are:

-- A state hospital

-- Regional Developmental Center (Regional Developmental Centers are organized differently in each state, but the majority provide some form of infant and early childhood day care, adult activity centers, case management, and in some cases operate group homes, alternative living facilities or provide for respite care. Often, centers contract with local agencies for evaluation of clients and provision of services. Staff at the centers arrange for client assessment, develop service plans, provide clients with information on due process and their rights, coordinate and monitor services, and provide follow-up.)

-- Sheltered Workshop

-- A Cerebral Palsy Program (Protection/Advocacy/Service delivery)

-- Group Home (Group homes are small residences for developmentally disabled persons living together under the supervision of trained staff. Group homes are integrated into and dispersed throughout communities. They are usually close to public transportation, shopping health care, recreation, and other community resources so that residents may interact with other citizens and participate in community activities. Group homes are staffed twenty-four hours a day. Staff help residents maintain normative daily schedules and develop independent living skills. Most residents work, study, or attend activity centers or recreation programs outside the home.)

-- Community Outreach Program (Through efforts to increase public awareness, community outreach centers locate and identify developmentally disabled persons and their families in need of services. They also serve as liaisons between clients in institutions and assist in orienting them to community placement. The community outreach worker then locates and refers clients to appropriate services. The community outreach worker monitors the delivery of service and often serves as the client's representatives and advocate. The workers often provide direct service, usually in-home or

in-community training, when established community services do not meet the client's needs.)

-- Early Childhood Center (Infant Stimulation)

Setting: State Hospital

Site: Pineland Center
Pownal, Maine

Description: Pineland Center, founded in 1903, is an institution for the mentally retarded and developmentally disabled. It is located several miles north of Portland, Maines, and is reached by narrow, winding, country roads, and is not served by public transportation. The location and architecture of Pineland reflect the social policy of the early 1900s which kept the mentally retarded from public view. Currently, Pineland serves 435 persons ranging in age from eight to sixty and beyond.

Pineland is struggling to comply with the consent decree resulting from Wuori v Zitnay, Civ No. 75-80-SD, filed in 1975, which alleged "that residents of Pineland Center were being denied their Eighth and Fourteenth Amendment rights to treatment and care necessary to enable them, as far as possible, to lead normal lives." The consent decree not only established standards for care and treatment of persons residing in institutions, but also established standards for treatment in community-based programs.

Under provisions of the consent decree,
Pineland must comply with specific staff-to-resident ratio. Pineland employs 732 persons, 612 of whom are paraprofessionals. To be in compliance, Pineland must add to its staff 80 professionals and 120 paraprofessionals. Bob Hudson, Director

of Staff Development at Pineland, characterizes the recruitment and selection process for paraprofessional employees by saying, "Traditionally this institution has grabbed people off the street." In order to begin to attract persons who are committed to working with the residents of Pineland, Mr. Hudson instituted a Job Bank program. The program offers prospective employees an opportunity to attend a three day orientation program and to work with residents for six hours under supervision. If persons completing the program wish to seek employment at Pineland, they may begin work immediately, since they will have satisfied training requirements.

In previous years, little attention was paid to training the staff. This is changing because of the provisions in the consent decree which mandate that all new employees must receive orientation in a variety of subject areas: introduction to mental retardation, principles of normalization and developmental growth, human and legal rights, fire protection, safety, growth-oriented programming, behavior shaping, the functions of each professional department, and the role of staff in implementing the philosophy of care and training of residents at Pineland. In addition, all new resident care and programming staff must receive within two months, at least the following training: practical training in resident programming including interdisciplinary team process, behavior influencing techniques

and the utilization of the Program Guide, proper oral hygiene for residents, and training in the requirements of the decree. Within six months of the signing of the consent decree, all current employees must have the equivalent of the training described above and an additional training must be completed within one year.

Inservice classes now offered at Pineland reflect the medical model that predominantly influences quality of care at Pineland, e.g., nursing instruction, medication, medical terminology. Additional courses include Non-Abusive Physical Intervention, Cardiopulmonary Resuscitation, Physical Therapy, Behavior Modification, and Basic Sign Language. No college credit is available for any of the courses offered at Pineland.

Pineland is hoping to develop an A.A. degree for mental health workers in the field of mental retardation in connection with the Educational Center at Lewiston-Auburn. Currently, however, few courses available at area colleges are relevant to the needs of the staff at Pineland, but hour-for-hour credit is given to those persons who complete relevant course work at a university or from any other source if the course is approved in advance. Persons may arrange for release time from work to attend courses. $1,000 is available each semester for tuition reimbursement. It is enough for ten persons to take one three-credit course each.

Since the consent decree, however, promotion of paraprofessionals has become more directly related to training. "A sufficient number of intermediate and advanced training courses shall be offered such that each staff person desiring to do so could receive 50 hours of training in any six-month period." (Appendix A, Section 4 (e).) Fifty hours of appropriate training are requiste for advancement.

Career mobility, however, is severely restricted by the civil service system that provides neither career ladders nor lattices and by the seniority system. Those with seniority are given preferential treatment in job assignments and promotion.

The turnover rate in paraprofessional staff has been approximately 50%. According to Mr. Hudson, "people leave because there is no job, bad supervision, and because they get few strokes." As an incentive to improve morale and the quality of staff performance, a newly formed Employee Recognition Committee recognizes an outstanding employee. Persons who do terminate their employment are asked to participate in an interview to help determine causes of employee dissatisfaction, improve personnel policies, and develop better criteria for screening and hiring new employees.

Paraprofessionals are generally viewed as direct care works assigned to particular units or as aides to staff in professional departments. This is reflected in job titles such as mental health worker (I, II, III), physical therapy aide,

teacher aide, recreation aide, and nursing assistant. In the past, the direct care staff provided custodial care and performed routine housekeeping tasks. Since paraprofessionals spend the most time with residents, now they must assume responsibility to act as teachers and models for development who enhance the "self-esteem and independent living skills of each resident." All direct care workers must participate in the creation and implementation of individual prescriptive program plans for each resident for whom they are responsible. They may no longer perform housekeeping tasks during residents' waking hours. The shift in the responsibilities of direct care staff emphasizes the philosophical changes initiated by the consent decree.

Paraprofessionals who work as aides to professionals develop skills in a particular discipline, in addition to general skills required to work with mentally retarded and developmentally disabled persons. Aides implement programs developed by the professional staff person to whose department they are assigned. Both direct care workers and aides to professionals observe, evaluate, and record the progress of residents.

Implementation of the consent decree has widespread implications for the employment of paraprofessionals. Under the terms of the consent decree, Pineland Center must reduce its residential capacity to 350 beds within two years and

establish 130 community placements within one year of the signing. The establishment of community placements for all class members who require such placement must continue at a rate of 124 placements each year until all class members requiring such placements are accommodated. Direct care staff at Pineland will be reduced proportionately as residents are placed in the community. While the reduction in personnel will not be realized for several years, the union and the staff development trainers must anticipate staff reduction and also the opportunity for paraprofessionals to fill new roles in community programs.

Placement of class members into the community will necessitate the use of community service workers to locate or develop appropriate community placements. In addition, Pineland Center must develop appropriate community placements. In addition, Pineland Center must develop and oversee Prescriptive Program Plans for each class member placed in the community that "address each client's residential needs, medical needs, transportation needs, and other needs including educational, vocational, physical therapy, occupational therapy, and speech therapy, as appropriate." New jobs will have to be created to provide and/or coordinate these services. All of these jobs would seem to offer opportunities for (re)training current paraprofessionals to work in these new roles and settings.

Paraprofessionals, under the direction of their supervisors, may determine the success or failure of Pineland's ability to meet the standards set forth in the consent decree. The paraprofessional must implement the philosophical switch from custodianship to normalization and create an environment in which "each resident has a right to habilitation program which still maximize his (sic) human abilities, enhance his ability to cope with his environment and create a reasonable expectation of progress toward the goal of independent community living." The implementation of the standards will have national significance because the consent decree is likely to become a model not only for developing standards for institutional care, but also for developing standards for comprehensive community-based services for mentally retarded persons.

Setting: Regional Developmental Center

Site: Inland Counties Regional Developmental Center
San Bernadino, California

Description: Inland Counties Regional Developmental Center, Inc. is a non-profit corporation organized in 1971 to contract with the California State Department of Health to provide diagnosis, evaluation, counseling, life-long planning and care management for persons who are developmentally disabled and their families. The functional unit which has responsibility for fulfilling the contract with the State is the Inland Counties Developmental Disabilities Services (ICDDS). It is divided into four service areas: infancy-early childhood, school-age program, adult program, and the hospital liaison-placement coordination program.

It is in the hospital-liaison-placement coordination unit that we focused on one paraprofessional position that has potential for replication in other such agencies and which is held by a person whose primary qualification for the position was the experience acquired as a psychiatric aide at Pacific State Hospital.

Mary Miller voluntarily resigned her position at the state hospital where she had been employed for twelve years. Her title at ICDDS is Developmental Specialist in the Hospital Liaison-Placement Coordination Program. The position of

Developmental Specialist was created to provide for the smooth transition for the residents from institutional life to community living. In this key position her responsibilities included:

- Evaluating the appropriateness of community placement for state hospital residents and, when necessary, supplementing their state hospital programs with recommendations for improvement.
- Following the progress of state hospital residents who are newly placed in the community and committing whatever time, energy, and expertise necessary to ensure their successful adjustment.
- Coordinating on-going care provider training in four geographic areas with primary responsibility for two areas -- yearly review of the curriculum and updating of the class syllabus as needed.
- Serving as a consultant to agencies for inservice training.
- Service as ICDDS Liaison with the Care Provider Advisory Board, attending their monthly meetings and providing motivational support to their activities.

-- Serving as the Hospital Liaison Unit and Resource Development representative to the agency's staff development committees.

-- Teaching sign language classes to agency staff and community professional groups; acting as interpreter for deaf clients on visits to doctors, etc. when requested by care managers.

-- Serving as resource person on the San Bernadino County Mental Health Advisory Board.

Ms. Miller is a valuable asset to the consumers she serves and the agency for which she works. In this position, Ms. Miller and her counterparts, some of whom were also experienced Psych Aides, are able to facilitate the transition of clients; the continuity provided combined with the elements of quality care Ms. Miller says exists at the group homes minimizes the charges that clients are being dumped in communities.

Setting: Sheltered Workshop

Site: Riverside Industries
Easthampton, Massachusetts

Description: Riverside Industries began in 1968 as a small sheltered workshop to train mentally retarded people. Since then it has expanded to provide not only contract packaging but service manufacturing, and general maintenance services for offices, homes, and businesses. Riverside is both a successful human service enterprise and business operation and Roger Brunelle, president of the company, would be just as comfortable on Wall Street as he is in the converted 19th century factory complex which houses Riverside and other businesses. While not the typical sheltered workshop, Riverside is an important example of the Communitization effort in Western Massachusetts.

Approximately 70 developmentally disabled men and women currently work at Riverside. Some have lived in institutions; some have always lived at home; all of them now live in the community. Riverside operates four community residences and its staff supervise apartments in which its employees (clients) live. Because of its size and the diversity of services offered, this kind of multi-purpose service organization is an ideal setting for the re-deployment of paraprofessionals from state institutions.

Riverside offers training for employees in operating machines, inspection, hand assembly and service operations. As full time employees, workers earn a piece-rate wage (governed by Federal regulations) on subcontract jobs while learning good work habits and specific job skills. The work setting is as normal as the competitive, work environments in which many Riverside employees eventually will find employment. The facility employs its clients wherever possible as it contracts to provide services for businesses and homes in the community. Therefore, workers (clients) also receive training in carpentry, painting, furniture moving, storm window repair and manufacture, lawn and garden maintenance, and house and office cleaning.

To assist employees in skill development and independent living, Riverside employs a large professional and paraprofessional staff. Many of the positions emphasize tasks for which state hospital employees have been well trained (e.g., "work from IPP's of Belchertown State School and staff observation to shape behaviors to appropriate form") and others for which minimal retraining of staff would be needed (e.g., "enhancing individual client concepts of the work world, careers, etc."). The following job descriptions from Riverside more fully illustrate this point.

JOB TITLE

Work Skills Developer-Teacher	Intake Worker/ Work Evaluation	Supplementary Staff	Service Training Crew Supervisor	Staffed Apartment Supervisor	Quality Control/ Clerk
I. Primary Responsibilities: Prepare clients for successful work experiences and future job placements by developing and strengthening basic work skills and concepts. II. Tasks (Areas of Responsibility): A. Evaluating individual skill levels and needs in those areas directly related to the vocational experience; e.g., money management, survival reading, time skills, job skill development. B. Enhancing individual client concepts of the work world, careers, etc. (Career Awareness).	I. Primary Responsibilities Performs all functions related to agency intake process; Provides initial assessment of the vocational, academic and social capabilities of clients. II. Tasks: A. Serves as intake worker for Riverside Industries, Inc. vocational training programs. B. Maintains effective working relationship with referral agencies.	I. Primary responsibilities: II. Tasks: A. Supplement regular house staffs in services for new people. B. Work from ISP's of Belchertown State School and staff observation; staff will work (1-on-1 or 1-on-2) to shape behavior to appropriate forms. C. Act as guide in area and familiarize with busses restaurants, shops, entertainments, other services. D. Be an advocate.	responsibility: develop in clients, work skills and habits which would enable them to achieve successful job placement in service-oriented positions. A. Analyze the type of trade(s) to which a client is best suited. B. Teach (for whom it is appropriate) the fundamentals of carpentry, woodworking, painting, glazing, housecleaning, auto mechanics. C. Teach basic rules of safety and elements of first aid.	I. Primary responsibility: To assist residents in their adaptation to living in the community as independently as they are able. II. Tasks: A. Selects an appropriate apartment with the residents. Oversees the purchase of furnishings with the residents. Ensures payment of residents bills. B. Develops/ Increases money management capabilities. C. Develops/ Increases use of community recreation facilities and events.	I. Primary Responsibilities: Maintain a constant quality check on all products that are produced in the packaging division. Insure that all cartons are properly labeled before they are moved from the Production Department to the Shipping area. Maintain that all production records concerning clients and employees working in the packaging division are kept up to date. II. Tasks: A. Attend weekly Habilitation meetings, assisting Habilitation in planning work-related programs. B. Attend weekly Production meetings, take minutes and report any Habilitation plans that may affect Production's scheduling.

JOB TITLE

Work Skills Developer-Teacher	Intake Worker/ Work Evaluation	Supplementary Staff	Service Training Crew Supervisor	Staffed Apartment Supervisor	Quality Control/ Clerk
C. Designing curricula according to the above needs. D. Teaching these skills and concepts in either small group settings or on a one-to-one basis. E. Developing specific work related skills at the work site on a one-to-one basis. F. Maintaining records of client evaluations, progress in academic teaching programs and on-site job skills development. G. Participate in staff conferences to develop Individual Service Plans.	C. Administers tests to assess vocational, educational and social skills/ needs of the clients. D. Develops and administers work samples. E. Observes client's performance at the work site. F. Makes recommendations for each individual's needs regarding vocational and personal adjustment. G. Prepared MRC Evaluative Reports as follows: Monthly Progress Report, Final Evaluation, PAT and EEP reports. H. Completes forms required by Federal and State Wage and Hour Commissions. I. Participates in the development of Individual Service Plans.	E. Tutor in counting, word recognition, "school" subjects. F. Instruct in good hygiene practices (and, if necessary eliminate incontinence). G. Instruct in cooking and household skills. H. Demonstrate proper dining habits. I. Enhance major coordination. J. Introduce into the new culture. III. Reports to Director of Habilitation.	D. Foster a regular shop atmosphere, emphasizing punctuality, neatness, cooperation. E. Encourage individual, creative work projects by clients on a regular basis. F. Coordinate all teaching with Habilitation staff and recommendations from Individual Service Plans. G. Collect data and make reports on the progress of clients. III. Reports to Service Crew Manager.	D. Develops/ Increases capabilities of locating and using community resources (transportation, doctors, restaurants, taverns, churches, stores, educational opportunities, etc.) E. Develops/ Increases capabilities to manage household routines. F. Educate about proper nutrition. G. Keeps up-dated Individual Service Plans and maintains client records. H. Monitors the suitability of each resident for apartment living.	C. Assist Production staff with training programs and orientation of new employees or clients. III. Reports to Operations Manager.

JOB TITLE

Work Skills Development-Teacher	Intake Worker/ Work Evaluation	Supplementary Staff	Service Training Crew Supervisor	Staffed Apartment Supervisor	Quality Control/ Clerk
H. Participate in weekly Habilitation Staff meetings and other organizational meetings, as necessary. I. Act as advisor for specific clients. J. Attend workshops and inservice training programs to enhance/ develop skills and knowledge related to this job description. III. Reports to the Habilitation Manager.	J. Attends in-service training activities and workshops as needed and is responsible for keeping up to date on new evaluation tools and procedures. K. Monitors employee productivity averages and keeps a record of them in client folder. L. Acts as an advisor for caseload of specific clients. III. Reports to the Habilitation Manager.			I. Attends necessary staff meetings and in-service training workshops. III. Reports to: Apartment Program Coordinator	

Riverside Industries play a vital role in the lives of its clients and the community in which it is situated. Indeed, the thousands of square feet of factory space had lain dormant for many years before Riverside recaptured the spirit of the thriving industrial town of the late 19th century, which was dominated by the factory at #1 Cottage Street.

Setting: United Cerebral Palsy

Site: St. Louis, Missouri

Description: United Cerebral Palsy Association of Greater St. Louis provides counseling, educational and therapeutic services to severely developmentally disabled persons and their families. UCP programs include, among others: parent/infant training classes, pre-nursery and pre-school. classes, speech and physical therapy, and adult activities center, crisis and respite care, and residential training.

Sixty percent of UCP's funds are provided by United Way. Additional money is provided by the state. Between thirty and thirty-five persons are recruited through notices of job opportunities in newspapers and college placement offices and employed in paraprofessional capacities. Seven of the persons currently employed as paraprofessionals have developmental disabilities.

No preservice training is given to new staff. Inservice training is developed by the staff social worker who devotes part of her time to coordinating inservice training. Attendance at inservice training is encouraged, but is not mandatory. Related courses are available at area colleges and staff is encouraged to attend. Release time from work to attend courses or workshops may be made available, and the agency will pay for each employee to take one work-related course at an area college each semester. The agency will also pay expenses associated with attending workshops.

Career ladders and job descriptions are available. Career advancement is determined by academic preparation, experience, and the desire to increase professional skills. Persons with education and experience equivalent to graduation from high school and some experience working with children may be hired as a Classroom Aide. They must be able to develop friendly and constructive relationships with children and adults and be able to work under supervision. Classroom aides' responsibilities are:

-- helping children get in and out of wheelchairs,
-- serving snacks and lunch,
-- assisting in supervision of study and play,
-- carrying out assignments which free professional staff to work with children,
-- helping children take care of toilet needs,
-- cleaning wheelchairs and other classroom equipment and materials, and
-- helping children on and off buses.

To move up the career ladder to a Teacher Assistant I position, a Classroom Aide must have one year of experience working with young children, complete two years of college in special education or related field, and must be able to work effectively as part of an interdisciplinary team.

Teacher Assistant I's responsibilities are:

-- assist in guiding the children in group relations, in motor coordination, in music expression, in toileting, eating,in resting experiences and in language development;
-- participate in parent meetings and staff meetings as requested;
-- maintain records, as assigned;
-- supervise classroom aides and volunteers, as assigned; and
-- help develop an Individual Program Plan (IPP) for each child.

A Teacher Assistant I who has the ability to plan and/or adapt programs to suit children at different developmental levels may, upon graduation from college with a degree in psychology, sociology, or other closely related field, move into a Teaching Assistant II position. It is the Teacher Assistant II's responsibility to:

-- plan and implement activities to encourage the development of language, fine and gross motor skills, dognitive, sensory and perceptual motor abilities, self-care skills, and social and emotional growth;
-- help develop IPP for each child;
-- develop and implement programs and activities that emphasize improved group and individual relationships;
-- participate in parent meetings and staff meetings; and
-- maintain records and prepare reports on the progress of children.

A Teacher Assistant II may become a Teacher I after being graduated from an accredited college with a major in Special Education and receiving Missouri teacher certification in Early Childhood Special Education or Elementary Special Education. The Teacher I must, under the direction of the Department Coordinator,

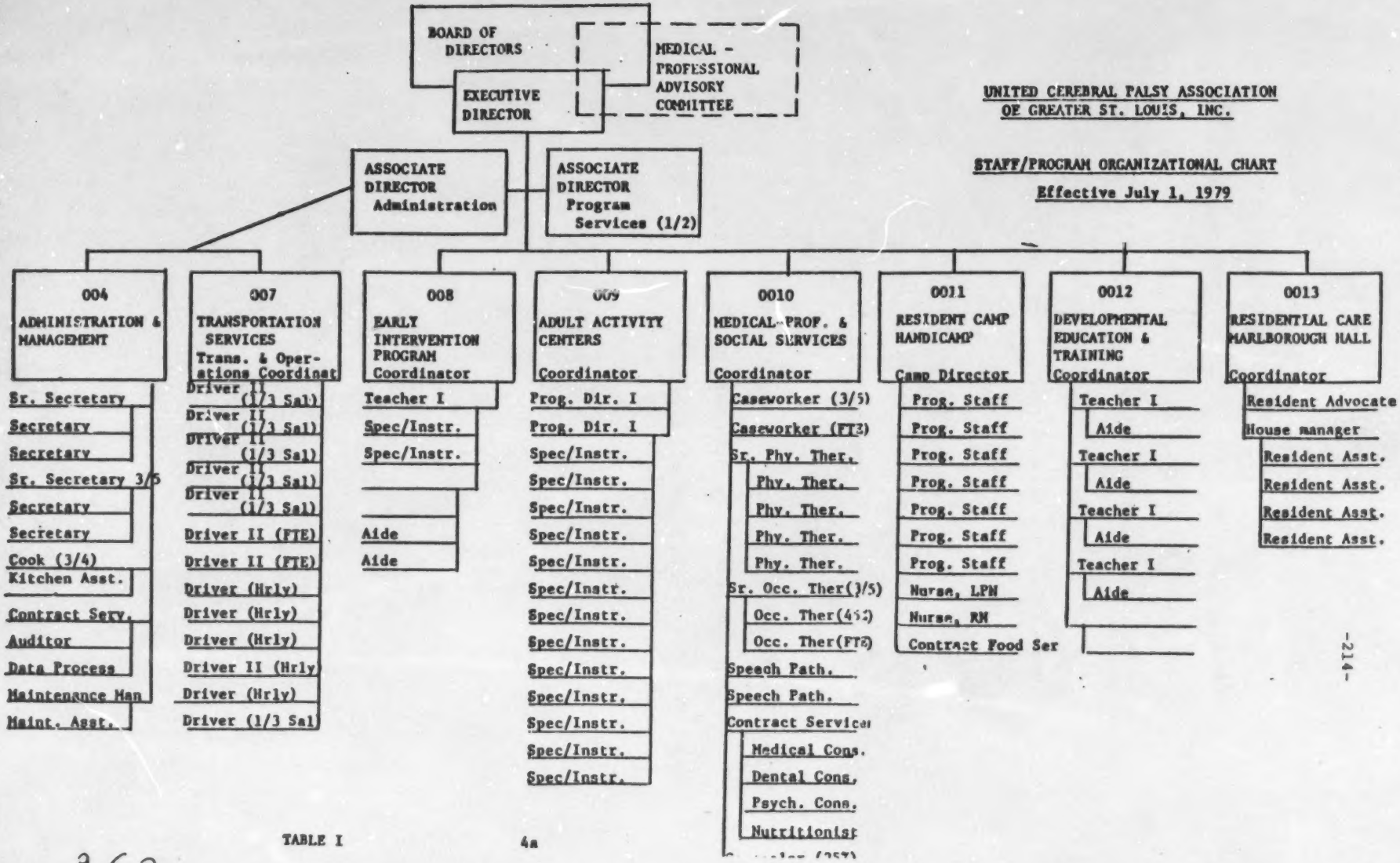
-- plan for and supervise children's play and study;
-- maintain records and prepare reports required by the agency;
-- participate in parent meetings and staff meetings;
-- supervise teaching assistant, aides, and volunteers assigned to their classes; and
-- help develop an IPP for each child in their assigned group.

A Teacher I may become coordinator of the Developmental Education and Training Program with four years experience teaching children who have developmental disabilities, and must have supervisory skills, and be able to assess and plan programs for children with developmental disabilities. The coordinator's responsibilities include:

-- selecting books, equipment and materials;
-- helping individual teachers develop IPPs;
-- helping individual teachers plan classroom activities;
-- scheduling and coordinating enrollment in classrooms;
-- evaluating student progress;
-- writing annual teacher evaluations;

-- supervising inservice training programs for teachers, assistants, aides, and volunteers;
-- conducting monthly staff meetings;
-- attending agency staff and outside agency staff meetings to discuss enrollment or transfer of students as necessary; and
-- preparing regular reports to the Executive Director.

Similar career ladders are available for persons working in UCP's adult activity center, their residential care program, and their early intervention program. They indicate the administration's attempt to distinguish responsibilities within job titles and identify avenues of promotion. An organizational chart for the agency is attached.



UNITED CEREBRAL PALSY ASSOCIATION OF GREATER ST. LOUIS, INC.

STAFF/PROGRAM ORGANIZATIONAL CHART

Effective July 1, 1979

TABLE I

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Setting: Group Home

Site: Martha House, Housing for the Handicapped
Corvallis, Oregon

Description: Martha House is a group home for developmentally disabled adults. The staff of Martha House, four support workers and one skill trainer, help residents develop behaviors and skills necessary for independent living. Martha House is administered by Housing for the Handicapped, a private, non-profit, largely state supported agency. Mary Heyer serves as its director and hires the staff of Martha House and an affiliated program. Ms. Heyer selects staff who support the use of behavior management techniques. No formal training or possession of special skills is necessary for employment.

New support workers and skill trainers are trained by the Residential Program Director, who serves each of the group homes affiliated with Housing for the Handicapped. Training is based on the Community-Based Training Program for Adults developed by Research, a division of the Oregon State System of Higher Education, Monmouth, Oregon. Through training, the support worker develops expertise in managing resident's behavior and learns to conduct formal and informal training. Support workers learn to assess a resident's skills, collect data, and conduct informal and formal training. In addition, the skill trainer learns to select and schedule reinforcers and to write and update training programs for each resident.

Four support workers and one skill trainer work as a team in running the group home. The staff meets weekly with Residential Program Director for inservice training and to reassess each resident's needs and progress. Since one support worker is in the home at a time, the weekly staff meeting gives the support workers an opportunity to orally share pertinent information about each resident. The meetings also provide staff with sense of support and a sense of purpose.

Although responsibilities of each staff person at Housing for the Handicapped and its affiliated programs are defined, written job descriptions will not be available until Fall, 1979. Prospective employees are told during initial interviews of their responsibilities. Job mobility is limited because of the size of the agency. It is conceivable, however, that a support worker may become a skill trainer. A skill trainer and the residential program director may become administrative director of the entire agency and its affiliates. Since no additional academic training is necessary for advancement, Housing for the Handicapped, Inc. serves as an example of the ability of skilled paraprofessionals to provide necessary services in community-based settings.

Setting: Community Outreach Program

Site: Project Rescue
Atlanta, Georgia

Description: Project Rescue helps mentally retarded persons and their families acquire the skills necessary for self sufficiency. It helps to identify, obtain, and coordinate appropriate services to meet clients' needs. To qualify for services, each client must meet the financial eligibility requirements of the Title XX, be diagnosed as mentally retarded, be a Fulton or DeKalb county resident, and voluntarily agree to participate in the program. There are no age restrictions.

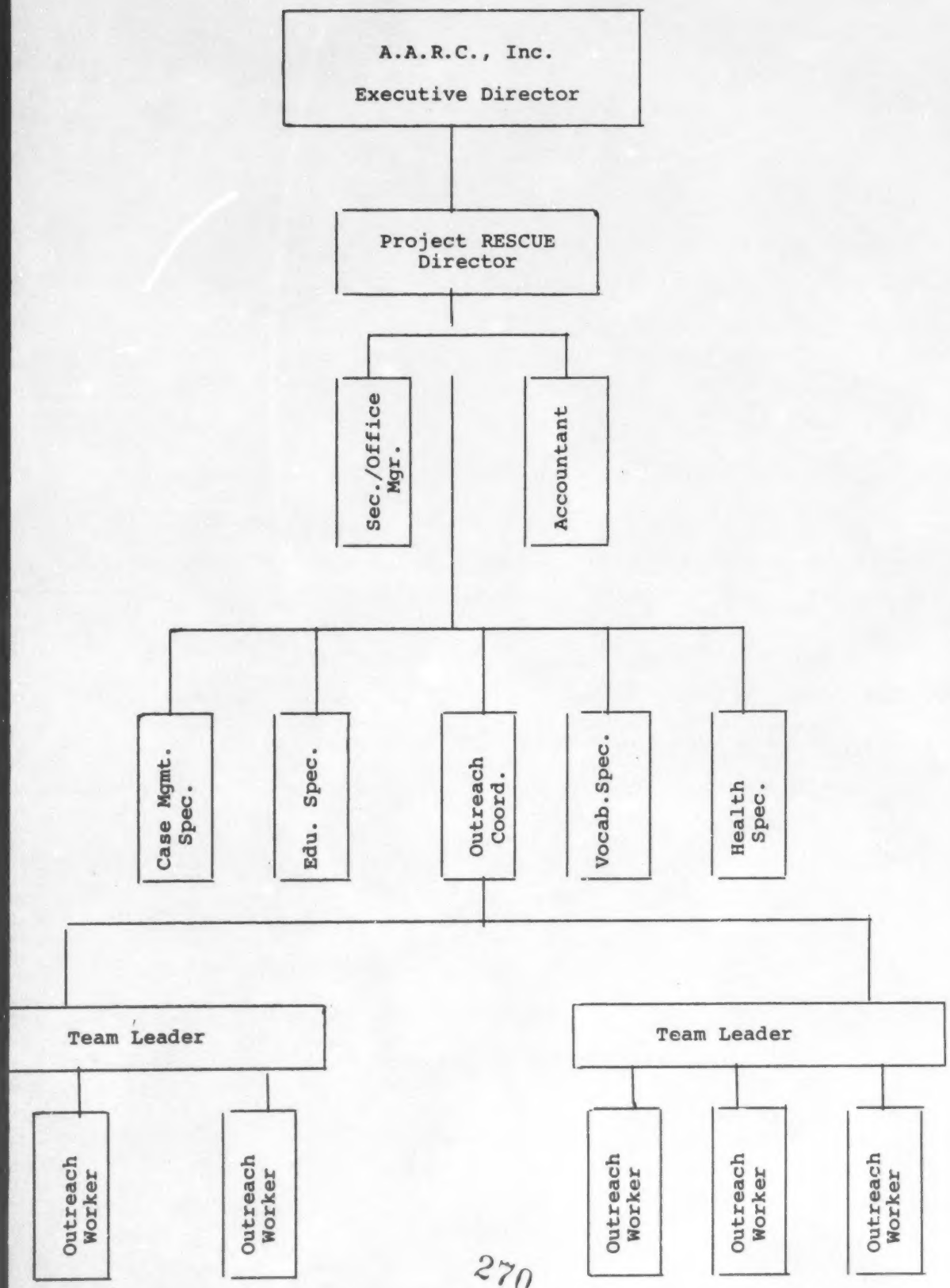
Project Rescue is a private, nonprofit agency supported by state and federal funds. Twenty-five percent are provided through contracts with the Department of Human Resources and seventy-five percent through Title XX matching funds. In order to be eligible for financial support from federal funds Project Rescue must maintain both state and local funding sources.

The Atlanta Association for Retarded Citizens, Inc., Project Rescue's administering agency, supplies the project with an emergency fund of $5,000. The money is used to purchase food and shelter provisions for clients in crisis, to purchase a bienniel external evaluation of the project, and to help defray the cost of additional car insurance for staff members who regularly transport clients.

Project Rescue serves clients in a two county area that comprise one-fourth of the state's population. Currently, Project Rescue serves approximately 120-150 clients and their families. Five outreach workers and two team leaders that supervise them serve as case managers to help clients determine their needs, coordinate the efforts of service providers in meeting those needs, and offer direct services not available elsewhere.

Often, outreach workers act as teachers and advocates, directly serving their clients by, among other things, teaching them how to ride the bus, teaching them how to shop for groceries and prepare balanced meals, transporting and accompanying them to appointments, teaching those who cannot tell time when and how to take or administer medications, helping them apply for S.S.I. benefits, acting as representative payee for S.S.I. benefits, helping them apply for food stamps, picking up and delivering food stamps, and monitoring services received through other agencies. An outreach worker will work with a client in the client's home or community as frequently as necessary to help the client achieve his or her goals. The outreach worker may see a client as often as each day when the client is developing a new skill or is working through a problem.

Most of the outreach workers at Project Rescue are persons who were once disadvantaged and are able to identify with the economic and emotional problems of their clients. To be hired


A.A.R.C., Inc.
Executive Director
Project RESCUE Director
Sec./Office Mgr.
Accountant
Case Mgmt. Spec.
Edu. Spec.
Outreach Coord.
Vocab. Spec.
Health Spec.
Team Leader
Team Leader
Outreach Worker
Outreach Worker
Outreach Worker
Outreach Worker
Outreach Worker

as an outreach worker at Project Rescue, a person must exhibit warmth, maturity, and a commitment to advocacy and should possess a high school diploma. Experience, however, is considered equivalent to academic preparation. Mary Yoder, director of Project Rescue, is herself a paraprofessional. Like many paraprofessionals, she did not have the requisite academic training, but did have the experience necessary to meet the demands of the job.

Project Rescue has a strong commitment to training. Ten percent of their annual budget and ten percent of staff time is allotted to staff development, training and renewal. Each person receives at least two weeks of supervised preservice training, and within six months after employment, each person is trained in PASS, Program Analysis of Service Systems. The staff is also encouraged to attend workshops and to take courses for which they may receive release time from work and reimbursement for tuition, books, and supplies.

Project Resuce has no formal career ladder or lattice, but requirements for employment and job descriptions for each position are made available to applicants. Career mobility within the agency is limited because of the agency's size and small staff turnover. Fifty-six percent of the staff of fifteen have been employed by the project since its inception in 1969. A copy of the organizational chart follows.

Setting: Early Childhood Center

Site: The Children's Center
Riverside, California

Description: Early childhood programs have always utilized paraprcfessional workers because the demands of a group of young children often are more than one person can handle. Over the years, their roles in the education of young children and the liaison between home and school have proven crucial to the success of programs like Head Start. In some programs, however, the paraprofessional is very much the subordinate of the lead teacher, evidenced by the fact that the paraprofessional carries out directions of the teacher and is not involved in the planning process; the paraprofessional handles all of the menial chores and the teacher assumes responsibility for program content or instruction. But the Children's Center in Riverside is different and the differences between it and traditional early childhood programs with rigid hierarchical staffing patterns is evidenced immediately upon entering the small converted church on Potomac Street.

Everyone at the Children's Center is busy. There is a high level of involvement of the youngsters and the staff in all activities. After explaining the program goals and philosophy, director Connie Beasley provided a tour of each classroom organized according to the developmental levels of the children. To prove her point about the necessity of paraprofessional, we were asked to guess which adults in the

classrooms were paraprofessional and which were professionals.

In one classroom for infants, a young child was laying in a bed of beans while an adult softly brushed his body with a dish mop to help increase sensory awareness. As she deftly stroked, she talked softly to the child, laughed when he appeared tickled and gently encouraged his leg and arm movements. Nearby two adults sat on the floor while a youngster bounced in a swing which was suspended from a beam by elastic supports. The child fretted at the constant motion which required him to balance his head and keep his legs braced as they touched the floor. The adults tending him talked about the importance of what he was doing. Throughout the room there were clusters of activity with one adult for every three children. It was impossible to tell who was a credentialed teacher and we were surprised to learn later that the lead teachers were out of the building for a professional development day. The woman tending the baby in the "bean bed" was a paraprofessional; the two adults attending the child in the swing were his father and the speech pathologist.

In a classroom for children who were developmentally about three years of age, we were equally confused. One woman on her knees worked with three children in a language development activity. She used a tongue depressor to dab chocolate fudge

on each child's face just outside of the mouth. The children were expected to use their tongues to lick the fudge from the strategically placed points.

Another woman was blowing bubbles with four children who were seated crosslegged on balance boards. These children were expected to use their index fingers to pop the bubbles while balancing on their seat boards. The activity was a difficult one for the children and the worker decided to seek the advice of a co-worker on how to reduce the frustration of the children, each of whom were having a bit of difficulty. She found her advisor helping a child use the toilet and they decided to switch from the elusive bubbles to balls of clay. The woman helping the child at the toilet was a physical therapist, the one blowing the bubbles was a student intern and the one with the fudge and tongue depressors was a paraprofessional.

In a more traditional setting, the person doing the language development exercise would have been a speech therapist and that the paraprofessional would have been toileting the child. It was even more surprising to learn that this innovation program "mainstreams" "normal" children into the classrooms and that two of the children involved in the exercises described were not developmentally disabled.

The Children's Center works and works well because its services for children meet the reality of their needs, as well as the needs of their families and the community, most signi-

ficantly the education system. The Center is a small one but its services are complete, including a well articulated staff development plan. Some of the unique features of the staff development plan include:

- functional job descriptions which itemize activities to be performed, as well as training experiences to be completed by staff;
- joint training of professional and paraprofessional staff on techniques for sensory motor development, parent involvement, and other client services; and
- weekly staff meetings and monthly inservice training sessions.

None of the current staff of the Children's Center has prior experience in large state institutions, but Ms. Beasley indicated she would view such experience as a positive in considering an applicant for any position. As director, she has tapped other valuable human power sources such as Work Incentive Program and CETA.

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